

CALIFORNIA MEDICAL ASSOCIATION

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NOTICES AND REPORTS

C.M.A. House of Delegates Proceedings

May 8, 1949

The first meeting of the House of Delegates of the California Medical Association convened in the Music Room of the Biltmore Hotel, Los Angeles, California, Sunday, May 8, 1949. The Speaker, Dr. Lewis A. Alesen, of Los Angeles, California, called the meeting to order at 5:00 p.m., and presided.

SPEAKER ALESEN: Will the meeting please come to order.

The Chair will recognize Dr. Carl Hadley of San Bernardino, chairman of the Committee on Credentials.

Dr. Hadley, will you give your report to the House at this time.

DR. HADLEY: Mr. Chairman, the Committee on Credentials wishes to report we have registered a sufficient number for a quorum.

SPEAKER ALESEN: A motion is in order to accept the report of the Committee on Credentials as constituting the roll call for this meeting.

A MEMBER: I so move.

A MEMBER: Second.

The motion was put to a vote and was unanimously carried.

SPEAKER ALESEN: I now state this House is duly constituted.

At this time the Chair wishes to make the announcements of the Reference Committees appointed in accordance with the By-Laws.

Committee on Credentials: Carl M. Hadley of San Bernardino, chairman; Stanley R. Parkinson of Yuba County, Frank G. Crandall of Los Angeles.

Reference Committee No. 1:

Reference Committee on the Reports of Officers, the Council and Standing and Special Committees: Eric Royston of Los Angeles, chairman; Ivan C. Heron of San Francisco; Burt Davis of Santa Clara.

Reference Committee No. 2:

This is the new committee or a rearrangement of the old Committee No. 2 to handle the financial

matters. Committee on Finance to review the reports of the Secretary-Treasurer and the Executive Secretary and to study and make recommendations to the House of Delegates on the budget submitted by the Council and the amount of dues for the ensuing year: Alson R. Kilgore of San Francisco, chairman; Stanley R. Truman of Alameda County, and G. Wendell Olson of Orange County.

Reference Committee No. 3:

Reference Committee on Resolutions, Amendments to the Constitution and By-Laws and New and Miscellaneous Business: Francis E. Jacobs of San Diego, chairman, and M. Laurence Montgomery of San Francisco.

Reference Committee No. 4:

This is a new committee this year—Reference Committee on Executive Session. J. Norman O'Neill of Los Angeles, chairman; A. A. Morrison of Ventura County and Dave F. Dozier of Sacramento County.

If I hear no objection from the members of the House, these committees will have your approval.

At this time, ladies and gentlemen of the House of Delegates, it is my pleasure to present to you our President, Dr. E. Vincent Askey, who will give us an address. Dr. Askey. (Applause.)

DR. ASKEY: Mr. Speaker, members of the House of Delegates: My address will be very short because I know you have a lot of work to do. I merely want to express to you my appreciation in a personal way for the support that each and every one of you has given to me during the year which has been rather full of effort and full of many things we had to do. But it has been a pleasure to me to know that I have had your wholehearted support and I have not asked of you a single thing that you haven't done with the fullest cooperation.

I want you to know that I appreciate it from the depth of my heart and I thank you for the honor that you have given me.

And with that my address consists of 2210 West Third Street. Thank you. (Applause.)

SPEAKER ALESEN: It says here in the printed agenda, "Miscellaneous announcements by the Speaker." Mr. Hunton wants to call your attention to the fact there will be available in Room 2341 stenographic service between the hours of 6:00 and 7:15 during our recess. Stenographic help may be given you in the preparation of the resolutions which can later be presented to the House this evening.

Your attention is called to the fact that all resolutions must be presented immediately in triplicate in order to conform with the provisions of the By-Laws. Also, will the chairmen of the Reference Committees please be prepared at the end of this meeting to announce the time and place of meeting of their respective committees in order that members of the House of Delegates who wish to appear before these committees may be so informed.

At this time we will have the report of the Council. In the absence of Chairman Edwin L. Bruck, Dr. Sidney Shipman will give the report of the Council. Dr. Shipman.

REPORT OF THE COUNCIL

DR. SIDNEY J. SHIPMAN: Mr. Speaker, members of the House, there is no further report except as follows: The Council met yesterday and this morning as required by the Constitution and By-Laws. It will submit the budget to the proper committee and has made the recommendation that the dues be reduced. We thought that would meet with your approval. (Applause.)

Following is the proposed program of the California Medical Association for the improvement of medical care, which also was passed. It was thought advisable that we should have a set of principles similar to the principles which were enunciated by the A.M.A., and a request has been made for such principles to be recommended by the California Medical Association.

The following are proposed:

1. *Health Insurance.* Further development and wider coverage by voluntary medical care and hospital plans (both medical association and insurance company sponsored) to meet the costs of illness. Aid to the indigent by the utilization of these plans by the several counties, with local administration and determination of needs.

2. *Public Health.* Coordination and integration of all public health activities, except those of the medical services of the armed forces, under the State Department of Public Health. Incorporation in local public health units of such services as communicable disease control, vital statistics, environmental sanitation, control of venereal diseases, maternal and child hygiene and public health communicable disease laboratory services.

3. *Rural Care.* Encouragement of the development by professional and lay organizations of medical and hospital services for rural areas, and of the integration of those services with regional county hospitals and small institutions.

4. *Mental Hygiene.* Continued development of the state program of mental hygiene.

5. *Chronic Diseases and the Aged.* Aid by the voluntary and state welfare agencies, combined with professional and other services, in the provision of care and rehabilitation of the aged, and those with chronic disease, and various other groups not covered by existing arrangements.

6. *Industrial and Preventive Medicine.* Greater emphasis on the program of industrial medicine, with increased safeguards against industrial hazards and prevention of accidents occurring on the highway, in the home and on the farm.

7. *Veterans' Medical Care.* Integration of veterans' medical care and hospital facilities with other medical care and hospital programs and with the maintenance of high standards of medical care, including care of the veteran in his own community by a physician of his choice.

8. *Health Education.* Health education programs administered through suitable local educational, health and medical agencies to inform the people of available facilities, and of their own responsibilities in health care.

9. *Medical Education and Personnel.* Promotion of private financial assistance to medical, dental and nursing schools and other institutions necessary for the training of specialized personnel required in the provision and distribution of medical care. Revision of income tax and estate tax laws so as to encourage people to donate needed assistance to medical and associated professional education.

10. *Medical Research.* Continued promotion of medical research through private grants to institutions equipped and staffed to carry on qualified research.

That is the proposed program of the California Medical Association for the improvement of medical care. Thank you. (Applause.)

SPEAKER ALESEN: One addition to this report has been made: "No. 11, *Postgraduate Education.* Expansion of the postgraduate training program of the California Medical Association to assist practitioners in rural areas in keeping abreast of the latest advances in medicine."

This report of the Council with the addenda thereto will be referred to Committee No. 1.

Next is the report of the Trustees of the California Medical Association. E. Vincent Askey, is there anything to report?

PRESIDENT ASKEY: Mr. Speaker, no further report.

SPEAKER ALESEN: That report will be referred to the Reference Committee on Finance.

Report of the Auditing Committee. Dr. Sidney J. Shipman.

DR. SHIPMAN: No further report.

SPEAKER ALESEN: That report will be referred to Committee No. 2, inasmuch as that committee has to do with considering dues and financial aspects.

Report of the Secretary, Dr. L. Henry Garland.

DR. GARLAND: Mr. Speaker, nothing to report.

SPEAKER ALESEN: That will be referred to Committee No. 2.

Report of the Executive Secretary, Mr. Hunton.

SECRETARY HUNTON: Mr. Speaker, nothing to report.

SPEAKER ALESEN: That will be referred to Committee No. 2.

Now, the report of the Editor, Dr. Dwight L. Wilbur.

EDITOR WILBUR: No additional report, Mr. Speaker.

SPEAKER ALESEN: It will be referred to Committee No. 1.

Reports of District Councilors. Do any of the District Councilors wish to add to the reports as they have been printed in the Annual Reports Bulletin? We shall not call them out by name. If any one of the Councilors so wishes, will he please so state?

(No response.)

Report of the Councilors-at-Large. Is there anything to be added in this report?

(No response.)

Report of Legal Counsel. Mr. Hassard, do you have anything additional to give us at this time?

(No response.)

If not, the reports will stand as printed in the Annual Reports Bulletin and will be referred to Committee No. 1.

Now, the Standing Committees. The Executive Committee. Dr. Sidney J. Shipman, do you have anything further to add?

DR. SHIPMAN: No addition.

SPEAKER ALESEN: Referred to Committee No. 1.

Committee on Associated Societies and Technical Groups, Dr. Robert A. Scarborough.

DR. ROBERT A. SCARBOROUGH: No additional report.

SPEAKER ALESEN: Referred to Committee No. 1.

Committee on Health and Public Instruction, Dr. Orrin Cook.

DR. COOK: No further report.

SPEAKER ALESEN: It will be referred to Committee No. 1.

Committee on History and Obituaries, Dr. Morton R. Gibbons, Sr. Have you any additional report, Dr. Gibbons?

If not, it will be referred to Committee No. 1.

Committee on Hospitals, Dispensaries, and Clinics, Dr. Carroll B. Andrews. Is there any further report, Dr. Andrews? Committee No. 1.

Committee on Industrial Practice, Dr. Donald Cass.

DR. CASS: No further report.

SPEAKER ALESEN: Committee No. 1.

Committee on Medical Defense, Dr. Nelson Howard.

DR. HOWARD: No further report.

SPEAKER ALESEN: Committee No. 1.

Committee on Medical Economics, Dr. H. Gordon MacLean.

DR. MACLEAN: No further report.

SPEAKER ALESEN: Committee No. 1.

Committee on Medical Education and Medical Institutions, Dr. L. R. Chandler.

DR. CHANDLER: No additional report.

SPEAKER ALESEN: Committee No. 1.

Committee on Organization and Membership, Dr. Carl L. Mulfinger. Have you any additional report? (No response.)

If not, Committee No. 1.

Committee on Postgraduate Activities, Dr. John C. Ruddock. I know Dr. Ruddock has a special report he wishes to make. The Chair will recognize him at this time.

REPORT OF COMMITTEE ON POST-GRADUATE ACTIVITIES

DR. JOHN C. RUDDOCK: Mr. Speaker and members of the House of Delegates: During the past year, your committee has met on a number of occasions, concerning postgraduate activities for the membership of the California Medical Association.

Your committee wishes to thank the Council of the California Medical Association for its cooperation and understanding of the problem in California, and for making available funds, clerical help and office space, in order to carry on this project.

The problem is not an easy one. Simply stated, its purpose is to give an opportunity to members of the California Medical Association, and especially to those members who are practicing in the areas not immediately adjacent to teaching centers, an opportunity to advance themselves in the practice of medicine and its specialties, by postgraduate study. Your committee was faced immediately with numerous proposals concerning the methods by which postgraduate facilities could be made available to our membership.

Before adopting any policies we sent Dr. Andrews, our Director, to other states that had an established program in operation. In particular, we surveyed the plans of New York, Pennsylvania, Michigan, Tennessee and Oklahoma.

In addition, various plans, as adopted by various universities for postgraduate study, were reviewed. None of these plans could be applied to California as a whole. This state is large, distances are great, there are large metropolitan areas and sparsely settled rural areas. There are four large high class medical schools, each with its own postgraduate departments. In addition, operating on separate budgets and independently, conducting postgraduate programs, are a well-established public health department as part of the state government of California, the California Tuberculosis and Welfare De-

partment, the Cancer Commission, and the California Heart Association.

The problem affected primarily those doctors who were not adjacent to the four major universities, situated in San Francisco and Los Angeles.

There are approximately 4,000 members of the California Medical Association who should be considered as non-metropolitan doctors.

Early, your committee realized that a survey of these non-metropolitan members would elicit 4,000 separate programs of postgraduate education. It then became necessary for your committee to decide what the doctors needed and to make it available for them, attempting when possible to accede to the wishes of the majority.

After much study your committee has adopted the following policies:

The California Medical Association shall not attempt to set up, organize, or run a postgraduate school.

Two, the Committee on Postgraduate Activities shall act as a liaison between the medical schools and other organizations and departments and keep the membership advised of postgraduate activities available throughout the year, within the State of California.

Three, the Committee on Postgraduate Activities will arrange postgraduate seminars at selected centers within the state which are easily accessible to most of the 4,000 non-metropolitan members. These conferences will consist of didactic lectures and clinical demonstrations. An honorarium will be paid the speakers or instructors. Traveling expenses and other miscellaneous costs will be absorbed by the association.

Four, the Committee on Postgraduate Activities will assist universities and all other departments and organizations in arranging dates and places of meetings to avoid conflict and duplication, and in any other manner will encourage postgraduate opportunities for the members of the California Medical Association.

Five, the Committee on Postgraduate Activities will not attempt to give under its sponsorship any courses for certification in a specialty.

Six, except for the publication of opportunities for resident and intern training, the Committee on Postgraduate Activities will not concern itself with this type of training.

With the adoption of the above policies, Dr. Carroll B. Andrews was engaged as Director of Postgraduate Activities. He gives the association one-half of his time at a salary of \$6,000 per year. Dr. Andrews has ably and excellently fulfilled the duties of this position.

Since March 1, 1948, thirteen postgraduate seminars have been held under his direction as follows: San Luis Obispo, Marysville, Redding, Santa Barbara, Riverside, Monterey, Modesto, San Diego, San Bernardino and Fresno. There have been two conferences held on separate dates at El Centro and Santa Rosa.

The total attendances at these meetings has been 733, varying from 16 to 109. The total cost of the 13 seminars was \$4,618.98, and the cost per person attending amounts to \$6.30.

When we add the salary of the director your committee has spent a total of \$10,618.98, or a cost per person attending of \$14.48. The cost per seminar amounts to \$816.84. A detailed statement of expenses is appended. With the experience of the past year your committee wishes to make the following proposals:

1. That the Council of the California Medical Association be directed to continue the allocation of funds for carrying on the policies as adopted by your committee, and to make available to the members, and especially the non-metropolitan members of the California Medical Association, postgraduate opportunities.

2. That an office assistant to the Director of Postgraduate Activities be engaged full time as soon as practicable and that adequate office space be made available so that the Director will be free for the field.

3. That an Advisory Committee be appointed to meet with the Standing Committee at least once yearly, in order to implement and arrange the programs and type of instruction to be given in the various localities about the state. It is proposed that this committee be composed of the following: (a) One representative from each of these medical schools, University of California, Stanford, University of Southern California, U.C.L.A. and Medical Evangelist; (b) one representative from the Cancer Commission, Public Health Department, California Tuberculosis Association, and California Heart Association; (c) a surgeon, an internist, a pediatrician, a general practitioner, and an obstetrician selected at large.

4. That the expenses of these 14 members attending the Advisory Sub-Committee meetings with your committee shall be absorbed by the California Medical Association.

5. That the California Medical Association continue its membership in the National Postgraduate Association of the A.M.A. and that a representative of the Postgraduate Committee be selected to attend that group's yearly meeting and such other meetings as are considered necessary and advisable by the committee and Council of the C.M.A.

6. That the Postgraduate Committee cause to be published in each issue of CALIFORNIA MEDICINE all postgraduate programs and opportunities fostered by the universities and other organizations available within the state.

7. That the Postgraduate Committee encourage and assist the various county medical associations and their committees in order to foster postgraduate studies at the county and local levels.

Respectfully submitted, Committee on Postgraduate Activities, John C. Ruddock, chairman. (Applause.)

SPEAKER ALESEN: Thank you, Doctor. This report will be referred to the Reference Committee No. 1.

Committee on Publications, Dr. George Dawson.

DR. DAWSON: No further report.

SPEAKER ALESEN: Committee No. 1.

Committee on Public Policy and Legislation, Dr. Dwight H. Murray. Is Dr. Murray here?

DR. MURRAY: Yes.

SPEAKER ALESEN: You know, ladies and gentlemen of the House, I am no expert at gilding the lily. But I would like, in introducing this man, to call your attention to the excellent work he has done and is doing on behalf of organized medicine.

It is a pleasure to present our chairman of the Committee on Public Policy and Legislation, as well as Trustee of the American Medical Association, as well as the holder of many other offices. Dr. Dwight Murray of Napa. (Applause.)

REPORT OF COMMITTEE ON PUBLIC POLICY AND LEGISLATION

DR. DWIGHT H. MURRAY: Mr. Speaker, members of the House of Delegates: I am very glad to report to you some of the results of the work of the Legislative Committee. Some of our work has not been so successful as we would like to have had it, but nevertheless I shall report it to you as is.

As you have heard, there were something over 5,000 bills introduced into the Legislature at Sacramento, something a little bit less than 500 having to do with medical care and public health. It has been difficult to keep track of all those bills. Any and all of those bills are subject to amendment at any time and what may look like a good bill one minute can be amended so it is a bad bill the next.

I want to make perfectly clear that your Legislative Committee does not in itself decide whether it will support or oppose a measure. That we do at the direction of the Council. Only in cases of amendment or in cases where immediate action is necessary does the Legislative Committee take the decision unto itself.

I wish you to keep in mind that before the next meeting of the House of Delegates, we will have an election campaign under way. I ask that you talk to the men who are candidates to determine that they think rightly about compulsory health insurance.

I would like to make this a recommendation to the delegates: In talking to your prospective candidates that you ask them to discuss with you, if possible, any bill that might pertain to legislation in any way affecting the practice of medicine, before they endorse that bill or before they become an author of the bill.

Now, many times legislators will put their name on a bill as author or co-author, without particularly knowing what is in the bill. And if you can discuss it with them or if you will ask the legislators if they will talk with you and get your advice and suggestions before they sponsor a bill, we will

go a long way toward solving and correcting some of the evils that exist at the present time.

After all of these bills are analyzed, then comes the problem of properly disposing of them, and in the proper way.

We have had an unfortunate experience this year that we haven't had in years past. Your Legislative Committee spent a great deal of time in analyzing all the bills introduced. We had our Legal Department assist us in this. The Councilors themselves were called upon. The Chairman of the Council, Chairman of the Executive Committee of the Council, and different members of the Council were asked to help us in analyzing these bills to determine which should be opposed and which supported.

Finally, after a meeting—an all-day meeting, I should say, and then some—of the Council in San Francisco early in March, it was decided on which bills we would support and which we would oppose.

That list was made up and was sent out to the presidents, the secretaries of the component county societies, and to the various key men through the various counties, so there would be no question in anybody's mind about what bills we would oppose and which ones we would support.

We thought that would guide them properly. This was all done at the direction of the Council and not at the direction of the Legislative Committee.

However, one county society decided that it would take the matter into its own hands and its own legislative committee would go over the bills and would do as it saw fit about some of the bills.

One of the bills we were particularly interested in. We wanted to oppose the bill. The county society looked over the bill and thought there was no reason to oppose it. They so notified their senator, with the result we lost the bill in committee.

Now, gentlemen, any local society, I think, may look at legislation from somewhat of a local point of view rather than an over-all point of view, which the Council is able to do, and you can readily understand that that plays some havoc with your Legislative Committee. I trust that shall not recur.

Now, as to the particular bills that we have had.

It is always necessary to go over the Medical Practice Act. You understand that our Medical Practice Act changes from day to day. That is, the need for changing it, I should say. Oftentimes this Medical Practice Act would seem to be all right. It may be all right in 1947, and might not be all right in 1949.

So there was an interim committee of the Senate, headed by Senator Hugh M. Burns of Fresno, who studied this problem, and the committee introduced some 14 bills of its own, to change the Medical Practice Act, to tighten it here and loosen it there, and so on.

Most of these bills have passed or are in the process of being passed.

In addition, the Board of Medical Examiners sponsored some bills they wished to be considered,

and they have all been considered on the whole favorably, and the ones that have not been acted on favorably, I think, will be before the session is over.

Now, one of our old bills that we have had before us a long time is the anti-vivisection bill. I graduated from medical school a great many years ago, which you all know, and I remember at that time anti-vivisection was considered, and I think it has been considered in every session of the California Legislature for the last 20 years, at least.

The deans of our medical schools, two years ago after appearing in Sacramento to oppose a very obnoxious bill, decided they would draw up a bill of their own, and they established a committee to work on that.

They studied it not only from the California point of view, but from the point of view of the other states, New York, Massachusetts, Illinois, and a great many other states, in order that they might be able to draw a bill that would be right.

They spent a lot of time on it, and the result of their efforts was shown, and the deans of all medical schools and representatives of all medical schools came to Sacramento and stayed overnight and helped us with these bills.

I will tell you it was a grand feeling to have, to be able to say, as I did, to the members of the committee, "You now have the top-flight medical men of the State of California. If you have any questions you want to ask, or any information you want to get, here is the place to get it."

The bill was presented in a very, very nice way, and the bill went to committee, I am hoping without a single objection in any way, and went out with the recommendation to pass.

Now, that bill means that all laboratories dealing with experimental animals will be under the direction and licensing of the Department of Public Health, and that the Department shall inspect and they shall ask and advise and seek changes that are necessary and correct any evils that exist.

That satisfies a great many of the people who have been opposing this. Of course, there are many of the good-doers and die-harders that you will never satisfy.

Probably the worst bill we have to oppose, the most difficult one, is that pertaining to compulsory hospital insurance. That was tacked onto a bill of disability insurance.

There are about 30 bills introduced having to do with disability insurance, one way or the other. This bill would have been very definitely the entering wedge for compulsory insurance in California. That bill was opposed very vigorously and the doctors of the state responded beautifully when we asked them to come to Sacramento.

They came in twos to Sacramento and stayed overnight. They spent the day. They spent the night with their Senators telling them what they thought of the bill and what they thought it would mean and why they opposed it.

So, that bill was left in committee. However, it still remains a dangerous bill. It is possible to tack

that on as an amendment to some 15 or 16 bills that are still before the committee. So far, we have won the first round on that bill. Just what the result will be later is still to be determined. We hope we will be successful.

Then, our friend the Governor had his bill. It was the identical bill he had in 1947, identical, as to period, semicolon, and whatnot.

After very much discussion around the halls and corridors of the Capitol about this bill, what it might mean, what it might not mean, we had our hearing. At that time we were beautifully assisted as we were in the hospital bill that I mentioned, by insurance, by agriculture, by business generally, the Chamber of Commerce, Los Angeles Chamber of Commerce, the hospitals of California, and by our doctors.

We had two doctors. I shall call them by name now. Dr. Clifford Loos of Los Angeles, because he represented a group of voluntary insurance on a private basis. He made a very fine showing before the committee.

And then, Dr. Alson Kilgore, who, as you all know, has helped us so ably in the past, put on the finishing touches. At the conclusion of Dr. Kilgore's statements, the chairman said, "I see there are two members of my committee who are not here. It will be necessary to take the bill under advisement," where it still remains. We have not heard further.

Then, our old perennial. We have developed in California various specialists and we have developed a specialist on naturopathy legislation in Dr. Homer Woolsey of Woodland. It has been Dr. Woolsey's assignment for the last 25 or 30 years or so to come over to Sacramento and oppose this bill, which he does very well.

At present it is in committee, and we may or may not hear more from it. But that requires lots of time and lots of effort, and lots of danger of trading and all that sort of thing that takes place when bills like that come up.

This is what they will say: "Now, Doctor, we are all overboard for you so far as compulsory health insurance is concerned. But, now, this little innocuous bill here can't possibly bother you, because you are a doctor. And you know, my friend sponsored this bill and I want to give him a vote on that because I want him to give me a vote on my fixing up orange crates, or something like that."

Now, that is what I mean by trading, and that is why these seemingly innocuous bills cause us considerable headache.

Now, the bill on osteopathy. Frank MacDonald of Sacramento has qualified himself as being a specialist on osteopathy legislation and will oppose that bill for us when it appears.

Now, if Dr. MacDonald calls on you to come to Sacramento on that day, I want you to bring your wife and children, grandchildren, and come up and fill that committee room so full there won't be any room for anybody else to get in. Now, don't forget that.

Senate Bill No. 11 was a bill giving optometrists rights to do things that we think they shouldn't.

That bill was opposed in committee, but it was lost. It was passed out of committee. This was a Senate bill and it passed the Senate. We will have to oppose it in the committee in the Assembly.

That bill has not been set for hearing in the Assembly as yet.

Then we have the physical therapy bills. The physical therapy bills are in two groups—the American Physical Therapists and the Physical Therapists of California. The American Physical Therapists are the ones we believe have the proper bill and we are having a little trouble getting these two together. We will have to do it. An amendment has been offered and we will have to consider that.

Then, we have the rebate bill. That is a thing that has been talked about in California as well as the rest of the United States. The rebate bill was introduced by the chairman of the Interim Committee in the Senate appointed to study this problem. He introduced the bill that would not only apply to the practice of medicine but to other professions and business as well.

I would just like to tell you a little bit about what happened at that time.

The Senate Interim Committee referred to previously introduced a bill to abolish rebating. There apparently was no objection to this bill, but when it was heard before the committee Mr. Bauer of the Los Angeles Better Business Bureau told the committee he felt the bill was too broad since it included commercial firms as well as physicians. It was his idea to hit directly at the physicians, leaving everybody else out. His remarks opened up the subject to the extent that committee members felt the bill was not broad enough and should cover all lines of commerce. As a result, the author of the bill was instructed to amend it to make it broader. In his speech before the committee Mr. Bauer made repeated reference to doctors, carrying his references to the extent that Senator Kraft of San Diego rebuked him for, as he put it, "continually harping upon the doctors."

Now, I just give you this so that particularly you people from Los Angeles may know what we have to endure up there sometimes.

Now, the nurses' bill. You heard about that problem. But the nursing bill was introduced. We have a bill of our own but we decided not to push our bill particularly. We thought it was possible that the nurses and the hospitals might get together. There seemed to be considerable confusion before the committee, so much so that the chairman of the committee appointed sub-committees to study the problem and hear amendments. When the sub-committees reported back, there were so many amendments suggested by the nurses and by the hospitals that the bill was in complete confusion.

I don't think anybody understands it, and I am sure the doctors present didn't understand it, and it is still in the state of confusion. It is resting before the committee. What will be done by the committee, we don't know.

Now, these are just some of the highlights that I have tried to give you. If there are any particular bills that any of you are interested in, I would be glad to discuss them with you at any time. Or, if there are any you wish to ask about now, I will be glad to answer your questions if I can.

The problem in Sacramento this session has been the worst that I have experienced. I have been there since 1940 and this has been the worst session because there have been more bills, more committee hearings, more amendments suggested to the bills which require more constant watching and more burning of the midnight oil than at any other time.

I want to leave you with this idea. First of all, I wish to say that doctors all over the state and various members of the California Medical Association, including our President, who came to Sacramento and had a rather tough time before the committee, also many other members of the California Medical Association, have helped us no end.

This one thing I think we should think of finally, and this may meet with the approval of some of you and not of others. That is—and I say this because I have talked it over with Dr. Halverson—the various appropriations that are asked by the Department of Public Health. It has been pointed out that the Department of Public Health is growing into the biggest bureau that we have. And it won't be so very long until we won't have to worry about compulsory health insurance. We will have it wrapped up pretty well in our Department of Public Health.

The various appropriations that are asked are a bit astounding, sometimes, when you see the figures. We are not saying that there isn't reason for some of this, but the question comes about how much money should be expended. For instance, \$900,000 is asked for the rheumatic heart disease program for the rest of this year. The next five years the expenditure is supposed to approximate around \$6,000,000 for rheumatic heart disease.

We all know we have rheumatic heart diseases in California. We all know many people suffering from rheumatic heart diseases that need to have personal care as well as hospitalization, and so on.

All right, then comes cerebral palsy: \$4,000,000 was asked for the purpose of erecting a hospital, and then \$2,000,000 for the maintenance of that hospital as well as appropriations for the care of the chronically ill.

Also, \$25,000,000 to aid in hospital construction. And that is in addition to some \$16,000,000 to \$17,000,000. That is in the budget.

Now, I leave it to you gentlemen if you don't think those figures are astounding enough that they should require the attention of the profession.

Again, I wish to thank all of the members who have helped so well, and I assure you that you will probably be called upon again because the session is a long way from over. (Applause.)

SPEAKER ALESEN: That report will be referred to Committee No. 1.

Committee on Scientific Work, Dr. L. Henry Garland. Dr. Garland, have you any additions?

DR. GARLAND: No additions, Mr. Speaker.

SPEAKER ALESEN: Committee No. 1.

Cancer Commission, Dr. Lyell C. Kinney. Have you any additional report?

DR. KINNEY: No additional report.

SPEAKER ALESEN: Committee No. 1.

Editorial Board, Dr. Dwight L. Wilbur.

DR. WILBUR: No additional report.

SPECIAL COMMITTEES

SPEAKER ALESEN: Delegates to the American Medical Association, Dr. John W. Cline. Is Dr. Cline in the house?

DR. CLINE: No additional report.

SPEAKER ALESEN: Committee No. 1.

Physicians' Benevolence Committee, Dr. Axcel E. Anderson.

DR. ANDERSON: Nothing to add at present.

SPEAKER ALESEN: Committee No. 1.

Advisory Planning Committee, Mr. John Hunton.

MR. HUNTON: No additional report.

SPEAKER ALESEN: Committee No. 1.

Committee on Revision of Constitution and By-Laws, Dr. Sam J. McClendon of San Diego.

Dr. McClendon, do you have a word for us at this time?

DR. MCCLENDON: Mr. Speaker, and members of the House, I would like to defer our report until Tuesday night as our information and some of the detailed things are not yet in order.

SPEAKER ALESEN: I can tell the members of the House that this committee has been working hard and long at this job. So we have to accept their excuse.

Committee on Crippled Children's Act, Dr. Fred-eric Ewens. Dr. Ewens?

COMMITTEE ON CRIPPLED CHILDREN'S ACT

DR. EWENS: Mr. President, Mr. Speaker, and members of the House of Delegates: At the 1948 meeting of the House of Delegates of the C.M.A., a resolution was adopted calling for the study of "The Authority Underlying the Crippled Children's Act." The Council of the C.M.A. set up a committee for this study and it has been my privilege to act as chairman, aided by John C. Sharp of Salinas and Lloyd Hardgrave of San Francisco. The committee has functioned and submits the following report:

It is the desire and intention of the committee to improve standards and facilities for needy, handicapped or crippled children. However, it is our considered opinion that the Crippled Children's Act, as it now stands, needs amendment and revision to insure that such needy handicapped or crippled children will receive such care.

It is further our opinion that the Act, as it exists at present, is too loosely drawn, and in many aspects is subject to constructive criticism.

We feel that the State Department of Health and its present administrative officers, who are respon-

sible for the execution of the Act, are doing an honest, conscientious and sincere job in cooperation with the California Medical Association, the doctors of the State of California, and the hospitals of California.

In suggesting revisions to the Act, there is no intent to hamper the care of needy handicapped or crippled children, but it is our considered opinion that definite clarification of some of the sections should be made.

There is a possibility that at some future time there might be officials responsible for the Act who might develop a considerable bureaucracy, which would lead not only to resentment on the part of physicians, but also perhaps poorer care for those in need, because of regimentation and even a form of socialized medicine.

The administration of the Act should be based on the language of the law and not on the changing administrative personnel.

In the hands of unreasonable or bureaucratic persons, the statute as it now stands, we feel, would compel the State of California to care for all children from the age of birth to 21 years of age.

In Article 2, Section 249, the words, "Developing and extending" as viewed by the committee are too hazardous, in that the official in charge can develop and extend without additional legislation into a bureaucratic dictatorship. The committee recommends elimination of these words.

We believe that the terminology, as presently used and interpreted, means to improve the care of needy crippled children and to bring into effect services for such needy children where they are not available. However, another connotation may be put on this, as stated previously.

Section 250 describes a handicapped child as a "physically defective or handicapped person under the age of 21, who is in need of services."

In Instructions, the Department of Health in interpreting the section has under Paragraph 5 given "ear conditions leading to loss of hearing, such as chronic otitis media and chronic blocking of the Eustachian tube."

Under Paragraph 6 of the instructions from the Department, rheumatic heart disease and congenital heart disease are classified as crippling deformities. We recognize that congenital heart disease is a crippling disease, and this might come under purview of the Crippled Children's Act, but if rheumatic fever or rheumatic heart disease is an infectious process, then any other form of infection is a crippling form of disability, and, if one organ can be crippled due to infection, then any other organ can be crippled due to infection and, therefore, any infectious process leaving any damage to any other organ of the body could be classified as a handicapping disability. And, hence, the individual could be called a crippled child.

We, therefore, question the wisdom of including rheumatic heart disease and other diseases as being conditions which have been commonly accepted as crippling.

Section 251, "Defining Services": Services listed in this article include any or all of the following:

- (a) Expert diagnosis.
- (b) Medical treatment.
- (c) Surgical treatment.
- (d) Hospital care.
- (e) Physiotherapy.
- (f) Occupational therapy.
- (g) Special treatment.
- (h) Materials.
- (i) Appliances and their upkeep, maintenance, care and transportation.
- (j) Maintenance, transportation, or care incidental to any other form of services.

Under item (a), "Expert diagnosis" should read, "Proper diagnosis and treatment." Item (g), "Special treatment," needs further definition and clarification. Item (j), "Maintenance, transportation, and so forth," should be eliminated entirely.

Section 253. The words, "Expert diagnosis," found in line 4 should be eliminated and the words, "Proper diagnosis and treatment," used in their place. The following should be added to the end of the paragraph: "Diagnostic clinics or conferences herein mentioned are to be set up only in locations where such facilities are not available at present." This would save the duplication and building of public clinics adjacent to clinics or facilities now established.

Section 255. The committee decided that this section as worded permits too great a latitude for social workers to offer services, and we suggest the following: "The agency or social worker, designated by the Superior Court, shall have the proper power and authority to make inquiry into the financial needs and resources of the parents of the child for whom medical care is being requested."

Sections 254 and 255. In the phrase, "either wholly or partly unable," the word "partly" be removed. In paragraph (b) the sentence reads, "that the child need services"; we would have in addition, "as determined by a licensed physician." This would eliminate the possibility of a clerk overriding the decision of the doctor in the case.

Section 256. "Upon receipt of the authorization of the Department, shall furnish such services for the child as in its judgment are necessary and proper."

It should not be the province of the Department to determine the necessity and proper care of the handicapped child, but it is the responsibility of the doctor in charge of the child. The recommendations of the doctor based on his experienced judgment should only be carried out by the Department.

Section 270. Under "Annual appropriations" it should not be mandatory to collect 1/10 mil. Funds should be raised by the county as a county tax measure commensurate with the powers for so doing as set forth in the various county government acts.

This committee has devoted much time to the thorough study of this Act. I have hurriedly enumerated several dangerous parts which you can readily recognize as socialized medicine written under the

guise of assisting the handicapped and crippled child.

Although at present the situation appears healthy, you are confronted with the possibility in the future of being faced with the problem of the doctor taking orders from a political or bureaucratic group.

The committee feels that the handicapped child fares much better if the doctor with his experienced judgment could have the power to guide the child's treatment.

It is obvious that the State has no specific power to investigate the financial status of the responsible parties who request help under the provisions of this Act.

Because of the mandatory provisions you are compelled to pay 1/10 mil toward building a bureaucracy in place of the regular county methods of taxation.

We of the committee hope that the House of Delegates will recognize the need for changes in this Act, and we request the Council of the C.M.A. to instruct the Legal Department to undertake the work of correcting these ambitious and ambiguous sections and to present them in the proper manner so that the plight of the needy handicapped and crippled children will be improved without destroying the free institution of the practice of medicine. (Applause.)

SPEAKER ALESEN: Thank you, Doctor. The report will be submitted to the Reference Committee No. 1.

Now, the Committee on the Study of Alcoholism, Dr. Cullen W. Irish. Dr. Irish, have you any additional report?

(No response.)

I think the attention of the House ought to be called to the fact that when this committee's report was read before the Council, approbation was widespread.

Let's read the members of this committee: Cullen Ward Irish, chairman; J. Martin Askey, Hall G. Holder, George H. Houck, and Malcolm H. Merrill.

Now, the Blood Bank Commission, John Upton. Is there any additional report?

DR. UPTON: No additional report.

SPEAKER ALESEN: Committee No. 1.

Committee on Industrial Health, Christopher Leggo.

DR. LEGGO: No addition.

SPEAKER ALESEN: Committee No. 1.

Committee on Rural Medical Service, Carroll B. Andrews.

DR. ANDREWS: No additional report.

SPEAKER ALESEN: Committee No. 1.

Mr. Secretary, is there any old or unfinished business?

SECRETARY GARLAND: Mr. Speaker, no report.

SPEAKER ALESEN: Members of the House of Delegates, there is one beautiful little chore I have the opportunity to do right now, the opportunity to call your attention to the services of the delegates who have served this House for 25 years. Dr. John Hunt

Shephard of Santa Clara County, will you please stand up and take a bow? (Applause.)

Now, Dr. Robertson Ward is recognized by the Chair for a discussion of the World Medical Association. Dr. Ward.

DR. WARD: Thank you, Mr. Speaker. Dr. John Cline, who is chairman of the American Medical Association delegates, asked me if I would say a few words about the World Medical Association that has been recently formed and which you are urged as doctors of medicine to support and join, if you find it possible.

This organization, we feel, can do a great deal for medicine throughout the world in helping to spread medical knowledge, particularly in helping the doctors in the countries where the government has come to dominate the practice of medicine, to be cognizant of how free medicine is practiced.

It is for that reason I am addressing you now and urging your support of the World Medical Association. Thank you. (Applause.)

A MEMBER: Mr. Chairman, I think Dr. Cline asked that we be told where we could get that information.

SPEAKER ALESEN: Dr. Ward, would you answer the question? Where can the information be obtained?

DR. WARD: Here at this meeting at the registration desk. And when you get home if you want to write the California Medical Association, their office will be able to give you all the information.

SPEAKER ALESEN: The Speaker's attention is called to the fact he committed a serious error in overlooking another of our very fine senior citizens, Dr. Robert A. Peers from Colfax. Dr. Peers, will you stand, please? (Applause.)

Ladies and gentlemen, it is now 6:00 o'clock. It is the plan to recess this meeting until 7:15, at which time the place of the meeting has been changed to the Ballroom in order to accommodate the members of the Woman's Auxiliary.

The purpose of inviting the ladies to meet with us—of course we always look forward to having them with us—but on this particular occasion Whitaker and Baxter, our public relations counsel, will give a report of unusual interest to all of you.

Now, it has not been possible to get this information to the ladies, so will you please invite them, and please get back at 7:15 promptly so we can get started.

The meeting is recessed.

. . . The meeting of the House of Delegates recessed at 6:00 o'clock p.m. to reconvene at 7:15 o'clock p.m. the same evening. . .

HOUSE OF DELEGATES MAY 8, 1949

The first meeting of the House of Delegates of the California Medical Association reconvened in the Ballroom of the Biltmore Hotel, Los Angeles, California, Sunday, May 8, 1949. The Speaker, Dr.

Lewis A. Alesen, of Los Angeles, California, called the meeting to order at 7:30 p.m., and presided.

SPEAKER ALESEN: We told you earlier in the day that we had something very good for you at this session this evening.

By way of introduction I should like to quote one verse from a Kipling poem.

*"But the woman that God gave him,
Every fiber of her frame,
Proves her launched for one sole purpose,
Armed and engined for the same,
And to serve that single issue
Lest the generations fail,
The female of the species must be
Deadlier than the male."*

(Applause.)

Ladies and gentlemen of the House of Delegates and members of the Woman's Auxiliary, it is a pleasure to introduce the lady that I am going to introduce. This lady is from the firm of Whitaker and Baxter.

They tell me she is the power behind the throne. Her husband tells me she has written and is writing much of the material that is about to be used in our campaign to frustrate the enemies of good sound medicine.

Miss Baxter is a modest, mild-mannered woman, but don't let that deceive you. She wields a powerful hand.

Without further ado I want to introduce our public relations counsel, Miss Baxter. (Standing applause.)

MISS LEONE BAXTER: This isn't a lady's brief notes for a talk. It's a much more significant item than that.

This is the keynote of the doctors' campaign against government-controlled medicine. It's a proof of a poster designed for display in the reception rooms of the doctors of this country.

And because this national campaign is more or less California's baby, or at least its brainchild, we thought our California friends would like this little preview and explanation of the keynote poster.

This is a beautifully done reproduction of the celebrated Sir Luke Fildes painting, "The Doctor," with which every doctor and every doctor's wife is very familiar.

It shows the doctor, sitting in deep and intent concern at the bedside of his patient, a small child. It shows the parents hovering in the background, the mother in tears.

It is a human, moving scene. And it's a scene duplicated in its essentials hundreds of times by doctors in this room tonight.

Actually, it epitomizes something which doctors themselves never discuss much, the human factor in medical care, a factor which politically-controlled medicine would destroy utterly.

I'd like to read to you the interpretive caption which we have made a part of the reproduction. We tried very hard to write something that would accomplish our purpose and not impair the intent

of the painting. I hope you'll agree that the result won't set the good Sir Luke spinning in his grave.

"Keep politics out of this picture.

"When the life, or health, of a loved one is at stake, hope lies in the devoted service of your doctor.

"Would you change this picture?

"Compulsory health insurance is political medicine.

"It would bring a third party, a politician, between you and your Doctor.

"It would bind up your family's health in red tape.

"Political medicine would result in heavy payroll taxes, and inferior medical care for you and your family.

"Don't let that happen here.

"You have a right to prepaid medical care, of your own choice.

"Ask your doctor, or your insurance man, about budget-basis health protection.

"Under voluntary health insurance, your health is your own business. Keep it that way."

When we left California to manage the national campaign against compulsory health insurance, Whitaker and Baxter had great misgivings as to whether the doctors of other states would be as alert as California doctors were to the danger confronting the American medical system.

Development of this poster, with this appeal as a symbol of the national campaign, was our way of finding out how 140,000 individual doctors feel about personal participation in the campaign.

Today, the orders for this poster, ladies and gentlemen, are pouring into the national headquarters at the rate of 6,000 a week, which, along with very active campaigns now generating in the states, provides us with the proof we needed, that doctors generally know the real gravity of the threat confronting them, and are ready for action to preserve their profession.

We've had lots of troubles and expect more.

But today, Whitaker and Baxter both have a feeling of exaltation about this campaign.

We feel that this crusade to keep American medicine free is the most vitally important peacetime happening we shall see in our lives.

We believe the outcome of this campaign will be a guidepost, pointing out a government trend, to the left or to the right.

We are convinced that on the determination of this issue will hang the future course of this nation.

Personally, Whitaker and Baxter feel that if, in directing this campaign for American medicine, we can play some small part in winning that broader battle, we shall have done something to compensate in some small way for the many good things the American system has done for us, and for other Americans like us.

I fervently hope that we can impart some of that crusading feeling to others, because I can think of no greater satisfaction than any of us might have than to know that for certain we have defended successfully our heritage of freedom.

Today, ladies and gentlemen, that freedom is threatened.

Without the slightest question, those who would quench that spark of freedom are moving politically toward responsible positions in our government.

When the spark of life flutters and threatens to go out, I know that doctors sometimes pray for miracles, and then help to perform them.

America, ladies and gentlemen, our whole country, needs a miracle today, if it's to survive as a free nation. And the first test is in the field of medicine.

American doctors never faced a greater crisis.

And never, ever, have they faced a greater challenge. (Applause.)

SPEAKER ALESEN: Thank you, Miss Baxter.

To introduce the next member of Whitaker and Baxter, we have asked our good friend Dr. Murray for an introduction. Dr. Murray.

DR. MURRAY: Mr. Speaker, Miss Baxter, Dr. Schriver, members of the Auxiliary and House of Delegates: I want to recount to you some of the things that happened in St. Louis that led to the appointment or the employment of the firm of Whitaker and Baxter. At the St. Louis meeting, which was soon after the November election, it was very evident that the American Medical Association was facing a very difficult problem, that of combatting compulsory health insurance on a national scale.

We were not in any way misled, nor were we in any way discouraged by the fact it was going to be a difficult job.

There was appointed by the Board of Trustees a committee consisting of four members of the Board of Trustees and three members of the House of Delegates of the American Medical Association, one of whom is Dr. John Cline, whom you all know, of course. Then having done that, what was the next step? It was all agreed that we would have to carry the message to the people, that this would be a grass roots problem of education. The battle would not be won in Washington only, nor by the influence that could be brought by people back home on the legislators in Washington.

The chairman of the Board of Trustees and the President of the American Medical Association called Dr. Cline and myself to consultation and he said, "Now, you fellows in California have been through a war, not once but twice. We realized that if you lost that war in California we would lose it nationally.

"Now, can you tell us who, in your opinion, can do this job for us on a national scale? Whom can we employ, and right away, to do this job for us?"

Without question we told him exactly what we knew had been accomplished in California by the firm of Whitaker and Baxter. And we recommended that they would do the things that would be best for American medicine, forgetting their own personal desires or ambitions and that they would do the job as best they possibly could, and that we felt that they would do just as good a job on a national scale as they had done locally.

This is exactly, ladies and gentlemen, the sequence of events and those who are delegates to the A.M.A. know that that is exactly what happened.

I want to tell you that that is why the firm of Whitaker and Baxter was employed by the American Medical Association, upon their record and experience in California. We felt that nationally it would not be any different except bigger, and we felt that the firm of Whitaker and Baxter was big enough to take on that assignment.

It is with pleasure that I present—not introduce, because you all know him very well—Clem Whitaker of the firm of Whitaker and Baxter, who is leading our educational fight in Chicago on a national basis. (Applause.)

[NOTE: Mr. Whitaker's address was published in the June issue of CALIFORNIA MEDICINE.]

SPEAKER ALESEN: Thank you, Whitaker and Baxter.

At this time the House of Delegates will recess to make way for the meeting of the administrative members of the California Physicians' Service. When that meeting is over, we shall reconvene to continue the remainder of this meeting.

... The meeting of the House of Delegates of the California Medical Association recessed at 8:15 o'clock p.m. to make way for the meeting of the administrative members of the California Physicians' Service. ...

The meeting of the House of Delegates reconvened in the Ballroom of the Biltmore Hotel, Los Angeles, California, Sunday, May 8, 1949. The meeting was called to order at 10:20 p.m. by Vice-Speaker Charnock, who presided.

VICE-SPEAKER CHARNOCK: The last item of business this evening is new business, which includes the introduction of resolutions.

We will ask each member who introduces a resolution to come forward and give his name and county for the recorder, and to have the resolution in triplicate.

Are there any resolutions to present to the House of Delegates?

NEW RESOLUTIONS

No. 1. Regarding Reimbursement to Alternates to the A.M.A.

Introduced by T. J. LAUGHLIN, Los Angeles County

WHEREAS, It is of utmost importance that representatives of the various constituent state medical societies at the sessions of the House of Delegates of the American Medical Association be thoroughly conversant with the policies and functions of said House of Delegates, and

WHEREAS, Such knowledge can be obtained only through practical experience and personal contact by attendance at these sessions of the House of Delegates of the American Medical Association, and

WHEREAS, The office of Alternate to the House of Delegates of the American Medical Association is

an honored and important office, placing a very real responsibility upon the one who holds it to be prepared to serve as a Delegate and to act in the best interests of Medicine, and

WHEREAS, It is not deemed just or equitable to expect an Alternate to be financially penalized by the expense of travel, etc., incurred in attending sessions of the House of Delegates of the American Medical Association, which sessions they should attend to meet the responsibility of their office; therefore be it

Resolved: By the House of Delegates of the California Medical Association, that Alternates from California to the House of Delegates of the American Medical Association shall be reimbursed by the California Medical Association for their expenses incurred in attendance at these meetings, beginning with June, 1949, meeting at Atlantic City, in the same manner as Delegates are reimbursed.

VICE-SPEAKER CHARNOCK: It will be referred to Reference Committee No. 3.

I see that Dr. Thienes has come in. He has asked permission to make an announcement. The Chair recognizes Dr. Clinton H. Thienes.

DR. THIENES: Mr. Speaker, ladies and gentlemen, I wish to announce that on Thursday night of this week at 7:00 o'clock there is to be a dinner, the annual dinner of the Medical Research Society of Southern California. I am speaking particularly, therefore, to physicians of this general community, but any of the members who happen to be remaining over Thursday are certainly invited, and urged to attend.

The Medical Research Society of Southern California was organized to assure the availability of animals for medical research. In other words, it is the organization for combatting the anti-vivisection movement. There is a national society and we have various regional societies. This is a very important movement.

You heard Dr. Murray this morning discuss the anti-vivisection bills and our own bill, which is the first step toward making the use of animals in laboratories a humane procedure.

We cannot expect to advance in medical research without the use of proper animals, and in California we have 16 per cent of the population of this part of the state who are opposed to the use of animals in medical research.

The poll for the country at large indicates about 5 per cent of the people are opposed to the use of animals in medical research. Here we have 16 per cent. I am confident that most of that 16 per cent could have their minds changed if there were a proper educational program, and some of the Medical Research Society of Southern California organized first by physicians, most of them just as I, working in laboratories—pharmacologists, bacteriologists, and so on.

We are now attempting to expand our membership and our activities. We have already included the dentists and the veterinarians. We have many

nurses in our organization. We wish to have the wives of physicians and the wives of dentists and the wives of veterinarians.

We wish to have laboratory technicians and we wish to have members of the community at large who have no connection with medicine except that they wish their families protected.

Now, we wish as large a number as possible of the officials of the California Medical Association to be present, especially those from this area, at this meeting Thursday night. The place is the Linda Gales Dining Room at La Cienega and Beverly Boulevard in the Rexall Building. It is going to be necessary, of course, for those who come to the dinner to have reservations, and you can call my office at the University of Southern California, Richmond 4111, Station 369. Will you put that down in your notebooks and call tomorrow? It is important. Thank you.

VICE-SPEAKER CHARNOCK: We will now resume the introduction of resolutions.

DR. BENJAMIN FREES (Los Angeles County):

No. 2. Regarding Schedules of Insurance Carriers

Introduced by BENJAMIN FREES, Los Angeles County

WHEREAS, A rapid increase in coverage by voluntary sickness insurance programs is considered by the American Medical Association as the best answer to the demand for compulsory health insurance, and

WHEREAS, Many recognized insurance carriers today are insuring, on an indemnification basis, employee groups against the costs of sickness and hospitalization, and are handicapped in their efforts to expand this coverage without further cooperation from Doctors of Medicine as relates to agreements concerning fee schedules, and

WHEREAS, The Executive Committee and the Council of the Los Angeles County Medical Association have met a number of times with representatives of insurance carriers and insured employee groups, and have seriously studied the problem of fee schedules in relation to salable insurance programs that would cover an adequate portion of employed persons, looking forward to the approval of schedules that would be acceptable as full payment of fees for service, and

WHEREAS, Following this preliminary study it is the belief of the Council of the Los Angeles County Medical Association that this important subject be dealt with on a state, rather than a county level; therefore be it

Resolved: That the Council of the Los Angeles County Medical Association memorialize the House of Delegates of the California Medical Association to request the Council of the California Medical Association to consider this program of prime importance in meeting with positive action the issue of compulsory health insurance, and institute studies that will result in action without delay.

VICE-SPEAKER CHARNOCK: It is referred to Reference Committee No. 3.

DR. SYDNEY F. THOMAS: Just a word of introduction first. This is merely a resolution concerning the procurement of military personnel and really an attempt to put on record what has already been started in a number of places, and which has been somewhat active in some of the counties.

No. 3. Regarding Doctors In Military Service

Introduced by SYDNEY F. THOMAS, Alternate from Santa Clara County

WHEREAS, Help has been sought by the Office of Defense in procurement of medical personnel, and

WHEREAS, If proper procurement is done no maldistribution of medical talents would result; now therefore be it

Resolved: That the State (and County) Medical Society take the initiative rather than wait for government dictation in the matter of provision of medical personnel. That the medical service counsel be instructed to work out in liaison with the military authorities a truly reasonable estimate of the number necessary and be subjected to careful civilian scrutiny. That when the required number of doctors has been determined a survey be made at county society level of the availability of potential military medical men. That a roster be drawn up by a properly appointed committee in each county society of all the doctors in the order of their availability for military service with consideration similar to those which guided the Procurement and Assignment Boards being operative in determining the priority on this roster. That consideration be given to a system of rotation between military service and civilian service in the case of war so that the burden would not fall too exclusively on one particular group. That additional study be made of the utilization of civilian physicians on a part-time basis for staffing military hospitals in times of peace and war; now therefore be it further

Resolved: That the Council be empowered to set up a commission or committee on procurement of military personnel with the instruction that this committee work out carefully and prepare a plan for execution by the state and county medical society councils, as outlined above.

VICE-SPEAKER CHARNOCK: Do we have any more resolutions?

DR. WILLIAM A. SUMNER (San Francisco County): This resolution is introduced at the request of the Section on Neuropsychiatry.

No. 4. Regarding By-Law Amendment to Change the Name of a Scientific Section

Introduced by WILLIAM A. SUMNER, San Francisco County

WHEREAS, At the business meeting of the Section on Neuropsychiatry on April 12, 1948, it was formally passed and ordered that the Association be requested to change the name of the Section to the Section on Psychiatry and Neurology; now therefore be it

Resolved: That Chapter IX, Section 1(a) of the By-Laws be changed as provided in Chapter IX,

Section 1(b) by substitution of the words "Section on Psychiatry and Neurology" for "Section on Neuropsychiatry."

VICE-SPEAKER CHARNOCK: This resolution is referred to Reference Committee No. 3.

Dr. Robertson Ward.

DR. ROBERTSON WARD (San Francisco County): This resolution was introduced at the request of the San Francisco County Medical Society delegates.

No. 5. Regarding Support of A.M.A. Program

Introduced by ROBERTSON WARD, San Francisco County

WHEREAS, There has been for several years a considerable growing threat to the voluntary method of rendering medical care to the people of the United States; and

WHEREAS, The people of the United States and the medical profession rightfully look to the American Medical Association for leadership in matters pertaining to medical care and the welfare of both the people and the profession; and

WHEREAS, The American Medical Association has, by action of its House of Delegates at the interim session, launched a campaign to educate the public concerning medical care; and

WHEREAS, The program involves the support of individual physicians both in spirit and financially, as to the assessment of \$25.00 placed upon each member; now therefore be it

Resolved: That the House of Delegates of the California Medical Association heartily endorses the program of the American Medical Association and offers its support, both in spirit and in urging members to comply with the assessment; and be it further

Resolved: That a copy of this resolution be sent to the Board of Trustees of the American Medical Association, the Speaker of the House of Delegates and members of the House of Delegates of the American Medical Association, the chairman of its Coordinating Committee, and to all members of the United States Congress.

VICE-SPEAKER CHARNOCK: This resolution is referred to Reference Committee No. 3.

DR. JAMES RAPHAEL (Alameda County): This resolution is introduced at the request of the Alameda County delegates.

No. 6. Regarding Hospital Standardization

Introduced by JAMES RAPHAEL, Alameda County

WHEREAS, The 30-year trend in American medicine has seen the growth of numerous bodies without the framework of the American Medical Association, acting independently of the House of Delegates of the A.M.A., with the resulting division of its membership and the weakening of the policy-making power of the said House of Delegates; now therefore be it

Resolved: That the delegates from the California Medical Association to the American Medical Association be instructed to introduce a resolution to the effect that all extra-jurisdictional bodies now

acting independently of the House of Delegates of the A.M.A. in matters of policy involving the membership as a whole be made responsible to the House of Delegates of the A.M.A., and be it further

Resolved: That the delegates from the California Medical Association to the A.M.A. be instructed to introduce a resolution to the effect that the House of Delegates of the A.M.A. appoint a committee made up of representatives of all minority and majority groups within its framework to study the problem of taking over the functions of hospital standardization and regulation now performed by extra-jurisdictional bodies; and be it further

Resolved: That the delegates from the California Medical Association to the A.M.A. be instructed to introduce a resolution to the effect that a plan of hospital standardization make provision for the local solution of local problems.

VICE-SPEAKER CHARNOCK: This resolution is referred to Reference Committee No. 3.

DR. WESLEY S. SMITH (San Diego County): I have several resolutions that our County Medical Society has asked to be introduced at this time.

No. 7. Regarding Public Relations

Introduced by WESLEY S. SMITH, San Diego County

WHEREAS, Each individual member of California Medical Association has paid the total sum of \$310.00 into the treasury of said California Medical Association during the past four years as annual dues, to-wit: \$100.00 in 1946, \$100.00 in 1947, \$60.00 in 1948, and \$50.00 in 1949, and

WHEREAS, The individual members of said C.M.A. have been informed that a large percentage of said annual dues is used for "Public Relations" activities, and

WHEREAS, The members of C.M.A. residing south of the Tehachapi Mountains are of the opinion that little or no practical benefit has inured to organized medicine under the existing method of administering said Public Relations, and

WHEREAS, The members of C.M.A. residing south of the Tehachapi Mountains comprise more than 60 per cent of the entire membership of C.M.A. and the Southern Counties are now in dire need of a more coordinated and effective program of local Public Relations, and

WHEREAS, It has come to the attention of the members of C.M.A. residing south of the Tehachapi Mountains that various other professional groups (for example, Southern California State Dental Society), are beginning to organize and carry on more and more Public Relations activities on a "grass roots" or local level rather than on a state level, and

WHEREAS, The members of the C.M.A. residing south of the Tehachapi Mountains firmly believe that Public Relations activities carried on at a "grass roots" or local level would prove more effective and less expensive than those carried on at a state level; now therefore be it

Resolved: That the Public Relations Committee of C.M.A. be instructed to review carefully the exist-

ing method of administering the Public Relations activities of C.M.A., to investigate thoroughly the present expenditure of C.M.A. funds for Public Relations activities, and to determine the effectiveness of the present method of administering the Public Relations activities of C.M.A. in relation to its cost. Be it further

Resolved: That said Public Relations Committee of C.M.A. be instructed to investigate the possibility of allocating C.M.A. funds to component medical societies to be used for Public Relations activities on a "grass roots" or local level, with special emphasis being placed on the determination of whether Public Relations activities handled on a "grass roots" or local level would not prove more effective and less expensive than the existing method of administering the Public Relations activities of C.M.A. Be it further

Resolved: That said Public Relations Committee of C.M.A. be instructed to investigate the possibility of allocation of C.M.A. funds to employ a firm of Public Relations Counsellors in the southern part of California, in order to provide the Southern Counties with better Public Relations on a local level by Public Relations Counsellors who know the local problems facing the Southern Counties at this time. Be it further

Resolved: That the Public Relations Committee of C.M.A. be instructed to study the Public Relations programs of the various other professional groups, such as Southern California Dental Society, to determine the effectiveness of said programs and the possibility of adopting a similar program for C.M.A.

No. 8. Regarding Field Representative

Introduced by WESLEY S. SMITH, San Diego County

WHEREAS, At the 1948 session of the House of Delegates of California Medical Association, a resolution was adopted requesting C.M.A. to effect closer and more adequate contact between itself and the Southern Counties, and

WHEREAS, C.M.A. thereafter stationed a "field representative" in Los Angeles, and

WHEREAS, During the past year it has become increasingly apparent that the numerous duties of said "field representative," in Sacramento and elsewhere, make it impossible for one person to be available when necessary at this office in Los Angeles, and

WHEREAS, Although the members of C.M.A. living south of the Tehachapi Mountains comprise more than 60 per cent of the total membership of C.M.A., the Southern Counties are still without a C.M.A. representative most of the time; now therefore be it

Resolved: That the Council and officers of C.M.A. be instructed to carry out the resolution adopted at the 1948 session of the House of Delegates of C.M.A., and that the Council and officers of C.M.A. take all steps necessary to establish a more adequate branch office in the Southern Counties in which

representatives of C.M.A. will at all times be available for consultation and assistance.

No. 9. Regarding California Caravan

Introduced by WESLEY S. SMITH, San Diego County

WHEREAS, The members of C.M.A. have been informed that a large amount of the funds of C.M.A. is being used to put on the radio program known as "California Caravan," and

WHEREAS, Said radio program is generally concerned with the publicity for California Physicians' Service, and

WHEREAS, California Physicians' Service is at present a solvent corporation and well able to take care of and pay for its own public relations activities; now therefore be it

Resolved: That the Public Relations Committee of C.M.A. be instructed to study carefully the phases of organized medicine publicized by the radio program "California Caravan," that said Public Relations Committee of C.M.A. be instructed to review the use of C.M.A. funds to publicize California Physicians' Service, and that California Physicians' Service be instructed to pay for its own public relations activities.

VICE-SPEAKER CHARNOCK: Those resolutions will be referred to Committee No. 3.

DR. WILLIAM C. BLACK (San Diego County):

No. 10. Regarding Social Security

Introduced by WILLIAM C. BLACK, San Diego County

WHEREAS, Extension of "Social Security" to the self-employed of the United States has been advocated and will probably be considered and acted upon by the 81st Congress, and

WHEREAS, Such extension would include physicians and surgeons, and

WHEREAS, Provision for the exigencies of old age is an individual matter which should be left to the decision of self-employed individuals on a strictly voluntary basis, and

WHEREAS, So-called "Social Security" is in effect a socialistic compulsory tax scheme which cannot and has not provided proper, satisfactory, or acceptable insurance protection in this country or in other countries, and

WHEREAS, "Society Security" is actually one of the numerous entering wedges for the development of the Welfare State aimed at the destruction of individual freedom, individual initiative and responsibility, and the voluntary society which is the primary reason for the ascendancy of the United States of America, and

WHEREAS, The private insurance companies of the nation offer a large variety of flexible insurance plans designed to meet the great variety of desires for insurance protection by the people of this country; now therefore be it

Resolved: That the House of Delegates and the Council of the California Medical Association unanimously disapprove of the extension of so-called "Social Security" to physicians and surgeons and

that the Secretary of the Association be instructed to send copies of this resolution to

1. Members of the appropriate Senate and House Committees, and

2. The Board of Trustees of the A.M.A.; and be it further

Resolved: That the delegates to the A.M.A. be instructed to introduce a similar resolution at their next meeting.

VICE-SPEAKER CHARNOCK: Referred to Reference Committee No. 3.

The Chair recognizes Dr. Breitman next.

DR. H. B. BREITMAN (Los Angeles County): This was originally one resolution that was split in two, and was unanimously approved by the Council of the General Practice Section of Los Angeles County.

No. 11. Regarding General Practice Sections In Hospitals

Introduced by H. B. BREITMAN, Los Angeles County

WHEREAS, The rapid and constant increase of medical knowledge the past twenty years has necessarily resulted in greater specialization with its greater demand on hospital facilities, leaving very little room for the general practitioner, and

WHEREAS, This trend is destroying the effectiveness of the general practitioner in treating the public and is undermining the prestige he has always had, and

WHEREAS, The high cost of medical care is in a large part due to this inability of the general practitioner to hospitalize and treat his patient, still the major part of the public, and this contributes greatly to the demand for socialized medicine, and

WHEREAS, These inequities have received official recognition as evident by the resolution passed unanimously by the A.M.A. House of Delegates on December 10, 1946, and later by the C.M.A. in May, 1947, encouraging hospitals to set up general practitioner services, and

WHEREAS, This resolution has either been ignored or ineffectually carried out by many large hospitals throughout the country; now therefore be it

Resolved: That the delegates of the C.M.A. reaffirm its resolution urging all approved hospitals having specialized sections in their staff setup to have a general practice section having the same standing as other sections with the same powers and privileges.

No. 12. Regarding General Practice Section

Introduced by H. B. BREITMAN, Los Angeles County

WHEREAS, The rapid and constant increase of medical knowledge the past twenty years has necessarily resulted in greater specialization with its greater demand on hospital facilities, leaving very little room for the general practitioner, and

WHEREAS, This trend is destroying the effectiveness of the general practitioner in treating the public and is undermining the prestige he has always had, and

WHEREAS, The high cost of medical care is in a large part due to this inability of the general prac-

titioner to hospitalize and treat his patient, still the major part of the public, and this contributes greatly to the demand for socialized medicine, and

WHEREAS, These inequities have received official recognition as evident by the resolution passed unanimously by the A.M.A. House of Delegates on December 10, 1946, and later by the C.M.A. in May, 1947, encouraging hospitals to set up general practitioner services, and

WHEREAS, This resolution has either been ignored or ineffectually carried out by many large hospitals throughout the country; therefore be it

Resolved: That the delegates of the C.M.A. instruct the delegates from California to the A.M.A. House of Delegates to introduce a similar resolution at their next meeting making it mandatory for such hospitals, with continued approval contingent on such action, and that a copy of this resolution be sent to the American College of Surgeons with the request that that body voice approval of this resolution in its manual of Hospital Regulations.

VICE-SPEAKER CHARNOCK: These resolutions are referred to Reference Committee No. 3.

Dr. MacDonald.

DR. FRANK A. MACDONALD (Sacramento County):

No. 13. Regarding Staff Memberships

Introduced by FRANK A. MACDONALD, Sacramento County

WHEREAS, Hospital Districts were legalized in 1946 by the State Legislature under the Health and Safety Code, and

WHEREAS, District Hospitals constructed under the terms of this act were placed under the control of a board of directors, chiefly laymen, elected by the voters of the district, and

WHEREAS, High professional standards must be maintained in these hospitals to protect the health of the community and promote the welfare of the public; now therefore be it

Resolved: That this House of Delegates goes on record as being unalterably opposed to the appointment of practitioners other than fully qualified Doctors of Medicine to the professional staffs of these hospitals; and be it further

Resolved: That the Council of the California Medical Association be directed to assist by every legal means in carrying out the above resolution.

VICE-SPEAKER CHARNOCK: This resolution is referred to Reference Committee No. 3.

Dr. Davis is next.

DR. BURT L. DAVIS (Santa Clara County): This resolution was endorsed by the Council of the Santa Clara County Medical Society, and by the membership as a whole.

No. 14. Regarding the Standards and Qualifications of Doctors

Introduced by BURT L. DAVIS, Santa Clara County

WHEREAS, The future of the private practice of medicine rests with the present generation of physicians, and

WHEREAS, The California Medical Association has steadfastly supported and advocated the personal type of practice as we now know it and as it may be altered by the extension of voluntary health insurance plans; and

WHEREAS, Forces have been, and are, at work both here and in other countries which disrupt the solidarity of the medical profession by emphasis upon the differences in the personal preferences of doctors as to the type of their individual practices; and

WHEREAS, We have seen in Great Britain an example of the way in which this technique has split the forces of organized medicine, so that the state was enabled ultimately to exploit all of the groups, whether specialist or general practitioner, and

WHEREAS, The tendency has arisen for governmental agencies, insurance companies, and other organizations dealing with matters pertaining to health and medicine to make distinctions not only between general practitioners and specialists but also between specialists qualified by long experience and specialists qualified by board membership, and in addition to make academic distinctions among the various specialties, upon the basis of groupings among medical men themselves, and

WHEREAS, All physicians and surgeons in California licensed by the Board of Medical Examiners hold equivalent licenses and are equally permitted to practice medicine and surgery, and

WHEREAS, There are already laws enacted and in force which have been so interpreted that the work authorized under these acts may be performed only by holders of certificates granted by Medical Specialty groups whose legal authority does not supersede that of the Board of Medical Examiners, and

WHEREAS, These certificates were originally intended only as bases for standards among the members of the profession and not for a legal classification of doctors, and

WHEREAS, The California Medical Association has endorsed, and continues to endorse, the granting of Specialist Certificates for the purpose for which they were intended, but not for legal differentiation between physicians, and

WHEREAS, The California Medical Association is an organization of physicians and surgeons holding equal licenses to practice granted by the State of California, and

WHEREAS, The California Medical Association represents its members equally regardless of training or type of practice; now therefore be it

Resolved: That this House of Delegates of the California Medical Association deplores this tendency to create fissures, widen gaps, and accentuate differences between groups of doctors; and be it further

Resolved: That this House of Delegates instructs the Committee of Public Policy and Legislation of the California Medical Association to use its good offices and those of the society as a whole to impress

upon legislative bodies, public health officials, and administrators of these various laws and acts the urgent need for amendments to the existing laws in order to correct the inequities now present not only in these laws, but in their administration and in addition to guard against these evils in the future; and be it further

Resolved: That the California Medical Association shall bring these matters to the attention of each component county medical society in order that the administration of these laws may be closely scrutinized at the local level; and be it further

Resolved: That this House of Delegates instructs the officers and members of the California Medical Association to advocate equal treatment of physicians by insurance companies, governmental agencies and others so that duly licensed doctors of medicine are considered equally in the eyes of the law.

VICE-SPEAKER CHARNOCK: This resolution is referred to Reference Committee No. 3.

DR. WILBUR BAILEY (Los Angeles County): On Page 26 of the Annual is a report on the codification of medical ethics, of which I am chairman, and here are two short resolutions which have to do with that committee report.

No. 15. Regarding Fictitious Names

Introduced by WILBUR BAILEY, Los Angeles County

WHEREAS, The recent decision of the Attorney General of California reemphasizes the fact that it is illegal for corporations or fictitious institutions to engage in the practice of medicine in California, and

WHEREAS, We note increasing numbers of so-called "Foundations," "Institutes," "Diagnostic Associations," "Tumor Centers," etc., not a few of which are operated by laymen or persons with dubious qualifications; now therefore be it

Resolved: That for the information and protection of the public, members or groups of members of the California Medical Association shall whenever possible avoid practicing under fictitious names and shall attempt to use only their own name or names on office doors, letterheads and other places visible to the public. In the case of bona fide established medical groups with regional or geographical names, the names of the founding or senior medical member shall whenever possible appear in conjunction with the title of the group, and, of course, on letterheads, etc., the name or names of all medical associates. And be it further

Resolved: That this resolution shall be brought to the attention of all component county medical societies with the request that they give it due notice in their publications and announcements.

No. 16. Regarding Non-Resident Members of The American Medical Association

Introduced by WILBUR BAILEY, Los Angeles County

WHEREAS, The By-Laws of the American Medical Association at the present time permit a physician to maintain membership in one county medical as-

sociation and in the American Medical Association, although he may leave and practice in an entirely different section of the country, and

WHEREAS, A physician under such circumstances has no responsibility to the local county medical society, and in turn cannot be held responsible by that society for his actions; now therefore be it

Resolved: That our delegation to the American Medical Association be instructed to present a resolution and to secure appropriate By-Law changes so that a physician who has moved to a new community must affiliate with the county medical society in which he practices within eight months or lose his membership in the American Medical Association.

DR. BAILEY: So much for the Committee on Codification of Medical Ethics. This third one is an idea of my own which may net us good will from the public. We ask a good deal of them. Perhaps we can do something for them.

No. 17. Regarding Ambulances

Introduced by WILBUR BAILEY, Los Angeles County

WHEREAS, Recently a private ambulance transporting a chronic invalid relied upon its siren to gain the right of way through a red light and was crushed by a truck, thus killing its three occupants, and

WHEREAS, Most drivers will yield to vehicles equipped with red lights but in some cases because of cab noises or deaf drivers no amount of siren screech will gain the right of way, and

WHEREAS, there are practically no medical emergencies requiring great haste in private ambulance transportation, but on the contrary patients can be actually harmed by being jounced across town through a series of hairbreadth escapes, and

WHEREAS, recent newspaper comment has made it abundantly clear that the public bitterly resents having these vehicles race through the streets while the "peasants hop for cover," and

WHEREAS, Ambulance owners through their organization, the California Ambulance Association, have expressed the wish that ambulances equipped with red lights but not sirens because the sirens double the wear and tear on equipment as well as the cost of insurance. (For competitive reasons this organization wants such action to be statewide), and

WHEREAS, The desire to abolish these hideous noises is unanimous except for a handful of doctors with a flair for the dramatic and those ambulance drivers who seem to enjoy this modern counterpart of the old western custom of shooting up the town; now therefore be it

Resolved: That to save the lives of our patients and to protect the health of our citizenry, the California Medical Association goes on record as wishing to cooperate with the California Ambulance Association in its desire to remove ambulance sirens. And be it further

Resolved: That efforts be made to amend the State Vehicle Code so that the example of New York and

other mature cities may be followed where low-voiced sirens on public emergency vehicles are sounded only at intersections and when necessary.

VICE-SPEAKER CHARNOCK: These will be referred to Reference Committee No. 3.

Are there any others?

R. J. LAFE LUDWIG (Los Angeles): This must sound like something of an anticlimax.

No. 18. Regarding Education or Indoctrination of Interns and Medical Students

Introduced by J. LAFE LUDWIG, Los Angeles County

WHEREAS, The present-day medical student, intern, and resident have in many instances received their premedical training in institutions where the subjects of economics, sociology, and political economy have been taught by teachers with a pronounced bias toward collectivism, and have been assailed from many quarters by all manner of propaganda favoring the welfare state, and

WHEREAS, There are at this time and have been for some time past organizations actively engaged in aggressive campaigns to misinform, mislead and confuse these medical students, interns, and residents, to the end that governmental control of our profession may ultimately emerge by default, and

WHEREAS, We in the medical profession have thus far taken no active steps to inform the coming generation of practitioners concerning the fundamentals of economics in general as they apply more specifically to the practice of the healing arts; now therefore be it

Resolved: That the President of the California Medical Association be instructed to appoint a special committee of five whose duty it shall be to cause to be prepared and to be circulated among all medical students, interns, and medical residents of the State of California as well as among all of the membership of the California Medical Association, at short intervals, an instructive and explanatory brochure discussing the fundamentals of economics as they apply to the practice of medicine. To this end, the committee is instructed to employ the services of a trained economist who firmly believes in the American system of private enterprise and is skilled in developing and presenting the thesis of economic freedom.

VICE-SPEAKER CHARNOCK: The resolution by J. Lafe Ludwig of Los Angeles County will be referred to Reference Committee No. 3.

Dr. Bender of San Francisco.

DR. WILLIAM L. BENDER (San Francisco County): I want to put the same resolution to the House of Delegates that I presented to the Administrative Members of C.P.S., relative to a coordinating committee to aid in the function of C.P.S.

I shall gladly forego re-reading it, if the chairman and the House of Delegates will agree.

VICE-SPEAKER CHARNOCK: We will agree that it can be handed in as you read it before the administrative body. Thank you, Dr. Bender.

**No. 19. Regarding California Physicians' Service
Coordinating Committee**

Introduced by WILLIAM L. BENDER, San Francisco County

WHEREAS, California Physicians' Service has grown to size and scope of a multi-million dollar corporation, and

WHEREAS, The successful administration of such a corporation requires the maximum ability, time and effort that may be reasonably expected from the Board of Trustees of C.P.S., and

WHEREAS, The matters of policy, strategy and the correlation of C.P.S. activities to those of the medical profession as a whole have become an additional burden of great magnitude for the Board of Trustees, and

WHEREAS, The responsibility for conducting the actual business of C.P.S. and also for studying and deciding matters of policy and strategy are now an unjust imposition on the Board of Trustees of C.P.S.; now therefore be it

Resolved: That the Board of Trustees limit its activities exclusively to the efficient operation of the corporation, and be it further

Resolved: That all matters of policy, strategy and economic or political import which affect the operation of C.P.S., such as the number of beneficiary members acceptable, the income ceiling, the stability of the unit, etc., shall be studied by a Coordinating Committee to be created solely for this purpose, and be it further

Resolved: That the Coordinating Committee make recommendations on all such subjects to the Board of Trustees, who in fulfilling their obligation to the members of the C.M.A. should abide by them until disapproved by the Administrative Members, and be it further

Resolved: That the Coordinating Committee shall make such recommendations as promptly as practicable to the Administrative Members who shall retain the right of final approval or rejection, and be it further

Resolved: That the Coordinating Committee shall be composed of the President of the California Medical Association who shall act as chairman, chairman of the Council of C.M.A., President of the Board of Trustees of C.P.S., chairman of the C.M.A. Legislative Committee, and two members of the House of Delegates, who shall hold no other C.P.S. office, to be nominated from the floor of, and elected by the House of Delegates for a term of two years (excepting that one of the initial members shall be elected for a one year term), to serve no more than two consecutive terms, and be it further

Resolved: That the Coordinating Committee shall be expected to consult with official C.M.A. legal and public relations counsel on all problems confronting the committee, and shall be empowered to engage additional help in the field of statistics and economics as necessary, and be it further

Resolved: That on the adoption of this resolution by the House of Delegates, the Board of Trustees of

C.P.S. shall be directed to refer to the Coordinating Committee all such matters of policy or strategy as defined herein.

VICE-SPEAKER CHARNOCK: This last resolution is referred to Reference Committee No. 3.

Is there any other new business? If there is no other new business, we will ask the chairmen of the Reference Committees to state the times and places their committees will meet.

(The committee chairmen gave the information.)

VICE-SPEAKER CHARNOCK: Is there any new business? If not, a motion to adjourn is in order.

. . . It was moved and seconded that the meeting be adjourned. The motion was put to a vote and was unanimously carried. . . .

. . . The first meeting of the House of Delegates adjourned at 11:00 o'clock p.m., to reconvene Tuesday, May 10, 1949, at 4:30 p.m. . . .

**HOUSE OF DELEGATES
MAY 10, 1949**

The second meeting of the House of Delegates of the California Medical Association convened in the Music Room of the Biltmore Hotel, Los Angeles, California, Tuesday, May 10, 1949. The Speaker, Dr. Lewis A. Alesen, of Los Angeles, California, called the meeting to order at 4:30 p.m., and presided.

SPEAKER ALESEN: Will the meeting please come to order.

The Chair recognizes Dr. Carl Hadley of San Bernardino, chairman of the Credentials Committee, for a report. Dr. Hadley.

DR. HADLEY: We have enough for a quorum, Mr. Speaker.

SPEAKER ALESEN: Mr. Secretary, shall we proceed with the roll call?

SECRETARY GARLAND: Yes, sir.

. . . . The roll was called by the Secretary, and a quorum was reported present and acting. . . .

SPEAKER ALESEN: The Secretary will make the announcement concerning the location of our Convention for 1950.

SECRETARY GARLAND: Mr. Speaker and members of the House: The Council has not chosen next year's meeting place yet. There will be an attempt to do so tomorrow morning at an early hour, and we will notify all of you as soon as possible.

SPEAKER ALESEN: Now, Mr. Hunton informs me that after the dinner recess we shall reconvene in the Ballroom. Of course, it is up to the House of Delegates to determine what time, but your speaker would most humbly urge that it would be as soon as possible. We have a lot of work to do tonight, so I suggest we recess at 6:00 o'clock and meet again at 7:15.

At this time the order of business is the election of officers.

ELECTION OF OFFICERS

The Chair will entertain a nomination for the office of President-Elect.

DR. J. NORMAN O'NEILL (Los Angeles): Mr. Chairman.

SPEAKER ALESEN: Dr. O'Neill.

DR. O'NEILL: Mr. Speaker, members of the House, I really don't know what to say. I feel like a member of the CIO nominating President Roosevelt. (Laughter.)

The candidate for President-Elect is a man whom I have known for a great many years. He is well-known to all of you. He has been a member of the Council of the Los Angeles County Medical Association for about ten years.

He was then elevated to the Council of the State Society. He has done some very excellent work as a delegate to the American Medical Association.

He has put in many trying and arduous hours as a trustee of the California Physicians' Service, and in that one department alone has rendered invaluable service in looking after you doctors in a great many ways of which you probably are not entirely cognizant or aware.

During the war he carried a great deal of responsibility, working in the disaster committee which was functioning throughout the various hospitals, and it took a great deal of time.

I have talked to people, members of the California Medical Association, all the way from San Francisco to San Diego. I have interviewed past-presidents of the California Medical Association. I have talked to potential candidates for that office, and I have talked to the doctors out in the neighborhoods and various communities, and I haven't heard one dissenting voice for the man that we are going to nominate.

He is not only a Native Son—that may please some of you, although he doesn't wear it on his sleeve, I am happy to say—he is a graduate of Stanford Medical School, and he knows the problems of the general practitioner.

He knows the problems of the industrial surgeon, for he has spent many years on the Industrial Complaint Committee, and he is largely responsible for what increases we have been able to obtain in our fee schedule for industrial work.

He has some very fine Turf Club patients. I have tried to get them away from him but I haven't been able to because they love him, and rightly so.

It gives me great pleasure to place in nomination the name of Dr. Donald Cass for President-Elect of the California Medical Association. (Applause.)

SPEAKER ALESEN: The name of Dr. Donald Cass has been placed in nomination for President-Elect. Are there further nominations?

DR. E. T. REMMEN: I move the nominations be closed and the Secretary be instructed to cast a unanimous ballot for Dr. Cass.

A MEMBER: I second that motion.

SPEAKER ALESEN: Is there any discussion?

All those in favor of the motion signify by saying "aye."

... The motion was put to a vote and was unanimously carried. ...

SPEAKER ALESEN: The Chair notes the motion is unanimous. Dr. Donald Cass has been nominated as your President-Elect, and the Secretary will cast the ballot.

SECRETARY GARLAND: The ballot is cast. (Applause.)

VICE-SPEAKER CHARNOCK: The next order of business is the selection of a Speaker. Dr. Alesen, incumbent.

President Askey.

PRESIDENT ASKEY: Mr. Speaker, members of the House of Delegates: Since the institution of the office of the Speaker of the House of Delegates, there have been five members of your Association that have held that office. It was Dr. Edward Pallette first, Dr. Roblee, Dr. Lowell Goin, the man who is speaking, that you honored very highly, and the present Speaker of your House.

I think that because of the work which that office entails, it needs a man who has demonstrated his ability to give you the service that you deserve. You need a man who will spend the onerous time that is necessary in that office.

It needs a man who has demonstrated that he has those abilities.

Without making any further speech, I hereby place in nomination the name of Dr. Lewis Alesen for Speaker of this House of Delegates. (Applause.)

A MEMBER: Mr. Chairman, I would like to second that nomination and move that the nominations be closed and that the Secretary be asked to cast a unanimous ballot for Dr. Alesen.

VICE-SPEAKER CHARNOCK: Is there a second to that motion?

A MEMBER: I second it.

VICE-SPEAKER CHARNOCK: It has been moved and seconded that the nominations be closed, and that the Secretary cast a unanimous ballot for Dr. Alesen. All those that are in favor will signify by saying "aye."

... The motion was put to a vote and was unanimously carried. ...

VICE-SPEAKER CHARNOCK: I note, Mr. Secretary, that that is unanimous and the Secretary is instructed to cast a unanimous ballot.

SECRETARY GARLAND: The ballot is cast.

VICE-SPEAKER CHARNOCK: Dr. Alesen has been elected. (Applause.)

SPEAKER ALESEN: Thank you.

The next order of business is the selection of a Vice-Speaker. Nominations are in order.

DR. JOHN RUDDOCK: Mr. Speaker and members of the House of Delegates: I take great pleasure at this time in placing in nomination your present incumbent, Donald Charnock, and I will let his many years of service and his record speak for itself.

SPEAKER ALESEN: The name of Dr. Charnock has been placed in nomination.

Dr. J. Sampson of Santa Monica.

DR. SAMPSON: It is my pleasure to second the nomination of Donald Charnock as Vice-Speaker of the House of Delegates.

SPEAKER ALESEN: Dr. Clifford Loos.

DR. LOOS: Mr. Speaker, members of the House of Delegates: In placing in nomination the candidate I have in mind, I think it is only right that some of the delegates who are a little distant from Los Angeles should understand a situation that exists in this county of ours.

We have in Los Angeles a two-party system in the province of medicine and that runs along just as tranquilly and beautifully as a multiparty does in Venezuela and other places I could mention. (Laughter.)

It has been in the minds of some of us that a one-party system is the best system for a medical society. I am one of those naive people who engage in childish pursuits to have this happen. I haven't been too successful.

In order to bring about harmony in our midst—you have all heard of this—we have had many love feasts and they were delightful things to attend. But the resolutions we adopted at those love feasts didn't last long enough for the food in our stomachs to be digested.

Some of us tried the precarious feat of straddling the fence. Some of us have had to have quite a bit of perineal repair. (Laughter.)

We decided to try to do something about it this year. According to custom, a meeting was called, an organization meeting of the Los Angeles delegates, to organize, get a chairman and a steering committee. This meeting was well attended and the committee of nine for the steering committee was nominated, but there were three nominees too many, and it was decided upon motion by Dr. Remmen that the committee be extended to 12.

It was a fair committee. It met several times and it attempted to be as fair as it could be. I was there, and I know. I was a member of the committee. Among the various names that the committee presented as possible candidates for office of the C.M.A., some were unopposed. Your newly-elected President-Elect was unopposed. Your newly elected Speaker was unopposed.

Then came the position of Vice-Speaker. There were four names presented to the steering committee and we decided to be fair and not make the choice there by the 12 of us but to present the four names to the caucus that was to be called. The caucus was called. The four names were presented. One man withdrew. We balloted on the three remaining. Of the three remaining, one man received more votes than the other two.

Now, the sad part of all political campaigns is that whenever there is a contest by ballot, there has to be a human sacrifice. That I hate, but the gods must be appeased and that seems to be the rule of

running for office; there is always a human sacrifice.

So, the man who was selected by this caucus was the man that I am privileged to introduced to you tonight.

This was, as I consider, a duty placed upon me, not one that I chose, and not one that indicates in any way how I might vote, because we all have our free vote. But I was instructed to report to you the results of that caucus of the Los Angeles delegates and alternates. There were 90 there, or a few under or over 90. Some of the alternates voted also. So, at this meeting it was decided to present the name of a man who was past-president of the Board of Medical Examiners, who has been for two years Secretary of the Los Angeles County Medical Association. He has fulfilled his duties well. He is well-liked, and I believe honestly if this man were to run for office on the county level, he would be unequalled. Two years ago I couldn't have said that. Two years ago I voted against him myself.

In these two years I think he has proven his ability. He has spent much time in the office as secretary. He is editor of our Bulletin, and he is a man that I believe is well-qualified for the position that he was named for.

But, before I reveal his name—you are all wondering what in the world this can be I imagine (laughter)—before I reveal this great secret I want to tell you this man I esteem as I esteem Don Charnock. Don Charnock is one of my best friends and has done a personal favor I will never forget.

Dick Bullis is the man I am going to name, and Dick Bullis is also a friend, and I esteem both of these men so highly I know that the one defeated will take defeat with a smile and will not make it a partisan matter and get his friends about him and start a revolution.

I know both of these men are not that kind and I know that if either one of these men is elected to office, you are not going to be disappointed.

The difficulty with our high offices is there are not enough of them for the good men we have to go around, and I think we ought to pass a resolution, or change the constitution so we have, say, 100 offices on the state level so we can give everybody a position, because there are so many worthy men.

But, ladies and gentlemen, it is my pleasure to present to you for your consideration for the office of Vice-Speaker of the House of Delegates of the C.M.A., Dr. Richard Bullis.

Dick, will you stand up so they can take a look at you? (Applause.)

SPEAKER ALESEN: Are there any further nominations?

DR. MAGOON (Santa Clara): Mr. Speaker, as you have heard, Dr. Bullis has filled many positions in the field of medicine, both within and without the C.M.A., capably and with distinction.

I am sure he will fill the office of Vice-Speaker in the same manner.

It is a privilege and a real pleasure to second the

nomination of Dr. Richard Bullis of Los Angeles. (Applause.)

SPEAKER ALESEN: Are there any further nominations? If not, the nominations are declared closed and we shall proceed with the ballot.

Will the tellers, T. E. Reynolds of Alameda, Carl L. Mulfinger of Los Angeles, Robert O. Pearman of San Luis Obispo, and R. J. Prentiss of San Diego, proceed to distribute the ballots on the office of Vice-Speaker. The candidates are Richard Bullis and Donald Charnock.

DISTRICT COUNCILORS

The next order of business is the election of District Councilors, three-year term. The Third District, Harry E. Henderson, Santa Barbara, term expiring.

Mr. Secretary, have you the nominees for this post from the Third District?

SECRETARY GARLAND: Mr. Speaker, the delegates from the Third District have nominated Dr. Harry E. Henderson to succeed himself.

SPEAKER ALESEN: Are there any further nominations for the post of Councilor for the Third District? If not, how will you proceed?

SEVERAL MEMBERS: Voice.

SPEAKER ALESEN: Those in favor of electing Dr. Harry E. Henderson of Santa Barbara to succeed himself as District Councilor, please signify by saying "aye."

... The motion was put to a vote and was unanimously carried. ...

SPEAKER ALESEN: Mr. Secretary, please note and cast the ballot on it unanimously.

SECRETARY GARLAND: The ballot is cast.

SPEAKER ALESEN: Dr. Henderson is elected.

The Sixth District, Dr. Edwin L. Bruck of San Francisco, term expiring.

SECRETARY GARLAND: Mr. Speaker, members of the House, the Sixth District delegates nominate Dr. Laurence Montgomery to fill the vacancy left by Dr. Bruck.

SPEAKER ALESEN: Dr. M. Laurence Montgomery has been nominated by the delegates of the Sixth District. Are there any other nominations at this time? If not, how will you vote?

SEVERAL MEMBERS: By voice.

SPEAKER ALESEN: Those in favor of electing Dr. Montgomery as Councilor for the Sixth District, signify by saying "aye."

... The motion was put to a vote and was unanimously carried. ...

SPEAKER ALESEN: So ordered. Mr. Secretary, will you cast a unanimous ballot.

SECRETARY GARLAND: The ballot is cast, Mr. Speaker.

SPEAKER ALESEN: Ninth District, John W. Green, Vallejo, term expiring.

SECRETARY GARLAND: Mr. Speaker, we have a unanimous nomination from the delegates of that

district for the name of Dr. John W. Green of Vallejo to succeed himself.

SPEAKER ALESEN: Dr. John W. Green of Vallejo has been nominated to succeed himself as Councilor from the Ninth District.

Are there other nominations from the floor?

A MEMBER: Mr. Chairman, further nominations are not in order. The House has the privilege of accepting or rejecting the nomination of the District.

SPEAKER ALESEN: Your point is well taken. The Chair stands corrected.

All those in favor of electing Dr. John W. Green will signify by saying "aye."

... The motion was put to a vote and was unanimously carried. ...

SPEAKER ALESEN: It is unanimous. Mr. Secretary, will you please cast the ballot.

SECRETARY GARLAND: The ballot is cast, Mr. Speaker.

SPEAKER ALESEN: The next order of business is the election of Councilors-at-Large, three year term.

COUNCILORS-AT-LARGE

SPEAKER ALESEN: Eugene F. Hoffman, Los Angeles, term expiring.

DR. RICHARD BULLIS: Mr. Chairman, members of the House of Delegates, it gives me pleasure to come forward to place in nomination the man who has been my boss in Los Angeles County since the last election.

I would like to say that you couldn't get a more competent, hard-working man for the position of Councilor-at-Large in this District to succeed Dr. Hoffman than Dr. Benjamin Frees. (Applause.)

SPEAKER ALESEN: The name of Dr. Benjamin Frees has been placed in nomination to succeed Dr. Eugene Hoffman. Are there other nominations?

DR. HOFFMAN: Mr. Speaker, I move the nominations be closed.

SPEAKER ALESEN: Are there other nominations? Is there a second to Dr. Hoffman's motion that the nominations be closed?

A MEMBER: I second the motion.

SPEAKER ALESEN: Those in favor signify by saying "aye."

... The motion was put to a vote and was carried. ...

SPEAKER ALESEN: It is so ordered. Mr. Secretary, the vote is unanimous. Will you cast the ballot, please.

SECRETARY GARLAND: The ballot is cast, Mr. Speaker.

SPEAKER ALESEN: Now, nominations are in order for the term of Councilor-at-Large to fill the vacancy left by Dr. C. V. Thompson of Lodi, term expiring.

DR. HOMER WOOLSEY: Mr. Speaker, I take great pleasure in placing in nomination the name of Claude V. Thompson to succeed himself for this office of Councilor-at-Large.

SPEAKER ALESEN: The name of Dr. Thompson has been placed in nomination to succeed himself as Councilor-at-Large. Are there other nominations? If not, what is your action?

A MEMBER: Mr. Chairman, I move the nominations be closed and the Secretary be instructed to cast a unanimous ballot.

SPEAKER ALESEN: All those in favor signify by saying "aye."

... The motion was put to a vote and was unanimously carried. ...

SPEAKER ALESEN: It is so ordered. It is unanimous. Mr. Secretary, will you please cast the ballot.

SECRETARY GARLAND: The ballot is cast.

SPEAKER ALESEN: Dr. Thompson has been elected to succeed himself.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

SPEAKER ALESEN: The next order of business is Delegates to the American Medical Association for 1950 and 1951. The term will expire on December 31, 1951.

The term of Robertson Ward of San Francisco is expiring.

Dr. Kilgore.

DR. KILGORE: Mr. Speaker, I move the nomination of Dr. Ward to succeed himself.

SPEAKER ALESEN: Are there other nominations?

The name of Dr. Ward has been placed in nomination to succeed himself. How will you act?

SEVERAL MEMBERS: Voice.

SPEAKER ALESEN: All those in favor please signify by saying "aye."

... The motion was put to a vote and was carried. ...

SPEAKER ALESEN: It is so ordered. Mr. Secretary, will you cast the ballot.

SECRETARY GARLAND: Mr. Speaker, the ballot is cast.

SPEAKER ALESEN: The next office is that of Sam J. McClendon, term expiring.

DR. BALL (Santa Ana): I place in nomination the name of Dr. Sam J. McClendon to succeed himself.

SPEAKER ALESEN: The name of Dr. Sam J. McClendon has been placed in nomination to succeed himself.

Are there other nominations? If not, how will you vote?

SEVERAL MEMBERS: Voice.

SPEAKER ALESEN: All those in favor of nominating Dr. Sam J. McClendon to succeed himself signify by saying "aye."

... The motion was put to a vote and was carried. ...

SPEAKER ALESEN: There being no opposition, Mr. Secretary, will you cast a unanimous vote.

SECRETARY GARLAND: The ballot is cast, Mr. Speaker.

SPEAKER ALESEN: Dr. Sam J. McClendon has been elected.

Next is Dr. Lowell S. Goin, Los Angeles, term expiring.

Dr. J. Lafe Ludwig of Los Angeles is recognized by the Chair.

DR. LUDWIG: Mr. Speaker, members of the House of Delegates, I would like to place in nomination the name of a man who is now serving his second term in the Council of the Los Angeles County Medical Association, has served two terms on the Council of the California Medical Association, has acted as alternate to Dr. Goin for the past two years, has done an admirable job and one I am certain you could not improve on as Councilor to the American Medical Association.

It is my privilege and pleasure to nominate at this time Dr. Eugene Hoffman.

SPEAKER ALESEN: The name of Dr. Eugene Hoffman has been placed in nomination.

DR. BLACKMAN: I would like to second the name of Dr. Hoffman as delegate to the American Medical Association.

SPEAKER ALESEN: Are there further nominations? If not, all those in favor of the selection of Dr. Eugene Hoffman to succeed Dr. Lowell S. Goin please signify by saying "aye."

... The motion was put to a vote and was unanimously carried. ...

SPEAKER ALESEN: It is unanimous. Will you cast the ballot, Mr. Secretary.

SECRETARY GARLAND: The ballot is cast.

SPEAKER ALESEN: Dr. Hoffman is elected.

The term of John W. Green is expiring. Nominations are in order.

A MEMBER: I would like to nominate Dr. Green to succeed himself as delegate to the A.M.A.

SPEAKER ALESEN: Dr. John W. Green has been nominated to succeed himself.

A MEMBER: Mr. Speaker, I should like to second that nomination.

SPEAKER ALESEN: Are there additional nominations?

A MEMBER: I move the nominations be closed and the Secretary be instructed to cast a unanimous ballot.

SPEAKER ALESEN: Is there a second?

A MEMBER: Second.

SPEAKER ALESEN: It has been moved and seconded that the nominations be closed and the Secretary be instructed to cast a unanimous ballot. All those in favor signify by saying "aye."

... The motion was put to a vote and was unanimously carried. ...

SPEAKER ALESEN: Dr. Green has been elected unanimously. Mr. Secretary, will you cast the ballot.

SECRETARY GARLAND: Mr. Speaker, the ballot is cast.

SPEAKER ALESEN: Next is an additional delegate to A.M.A., no incumbent at this time.

Dr. Donald Cass of Los Angeles.

DR. CASS: I would like to nominate Lewis Alesen for the additional delegate.

VICE-SPEAKER CHARNOCK: The name of Dr. Lewis Alesen has been placed in nomination as delegate to the A.M.A.

A MEMBER: I would like to second that nomination with gusto. (Applause.)

VICE-SPEAKER CHARNOCK: Are there any other nominations for this position?

A MEMBER: I move the nominations be closed and the Secretary be instructed to cast a unanimous ballot for Dr. Alesen.

VICE-SPEAKER CHARNOCK: It has been moved and seconded that the nominations be closed and the Secretary cast a unanimous ballot for Dr. Lewis Alesen. All those in favor signify by saying "aye."

. . . The motion was put to a vote and was unanimously carried. . . .

VICE-SPEAKER CHARNOCK: Mr. Secretary, it is unanimous, and will you cast the ballot.

SECRETARY GARLAND: Mr. Vice-Speaker, the ballot is cast with gusto. (Laughter.) (Applause.)

SPEAKER ALESEN: Thank you.

ALTERNATES TO AMERICAN MEDICAL ASSOCIATION

SPEAKER ALESEN: The next business for your attention is that of the selection of alternates to the A.M.A. First is the term of Dr. Anthony B. Diepenbrock of San Francisco, alternate to Dr. Robertson Ward. Nominations, please.

DR. H. BRODIE STEPHENS: I should like to nominate Dr. Anthony B. Diepenbrock to succeed himself as alternate to Dr. Robertson Ward as delegate to the American Medical Association.

SPEAKER ALESEN: The name of Dr. Diepenbrock has been placed in nomination to succeed himself.

A MEMBER: I move the nominations be closed.

SPEAKER ALESEN: Is there a second?

SEVERAL MEMBERS: Second.

SPEAKER ALESEN: It has been moved and seconded that the nominations be closed. Mr. Secretary, will you cast the ballot for Dr. Diepenbrock?

SECRETARY GARLAND: The ballot is cast.

SPEAKER ALESEN: Dr. Diepenbrock is elected.

Next is the term of Dr. Bon O. Adams of Riverside, alternate to Sam J. McClendon.

DR. A. E. MOORE (San Diego): I would like to place in nomination the name of Walter S. Cherry as alternate.

SPEAKER ALESEN: The name of Dr. Walter Cherry has been placed in nomination to succeed Dr. Bon O. Adams. Are there any other nominations?

A MEMBER: Mr. Speaker, I move the nominations be closed and the Secretary be instructed to cast a unanimous ballot.

SPEAKER ALESEN: Is there a second?

SEVERAL MEMBERS: Second.

SPEAKER ALESEN: It has been moved and seconded the nominations be closed and the Secretary be instructed to cast the ballot. All those in favor signify by saying "aye."

. . . The motion was put to a vote and was carried. . . .

SPEAKER ALESEN: Hearing no dissenting voices, Mr. Secretary, will you cast the ballot.

SECRETARY GARLAND: The ballot is cast, Mr. Speaker.

SPEAKER ALESEN: Next is the alternate to Dr. Eugene F. Hoffman.

Dr. Duke Mahannah, Los Angeles County.

DR. DUKE MAHANNAH: Mr. Speaker, members of the House of Delegates, it is my pleasure to nominate a general practitioner who I think would make a good representative to the American Medical Association. This man has many qualifications which we reviewed in the caucus of our delegation.

Without reviewing those qualifications, I wish to announce that he was the choice of our delegation and I place in nomination the name of Dr. Elmer J. Ball. (Applause.)

SPEAKER ALESEN: Dr. Ball has been nominated.

The Chair recognizes Dr. Frank Crandall of Los Angeles.

DR. CRANDALL: I would like to second the nomination and also move nominations be closed.

SPEAKER ALESEN: Just a minute, Doctor. Let's give them a chance.

DR. JOHN MARTIN (San Diego County): I would like to place the name of Frederic S. Ewens as alternate for this position.

SPEAKER ALESEN: The name of Dr. Frederic Ewens has been placed in nomination for the position of alternate to Dr. Hoffman. Are there other nominations for this position?

A MEMBER: I move the nominations be closed.

A MEMBER: I second the motion.

SPEAKER ALESEN: It has been moved and seconded the nominations be closed. All those in favor signify by saying "aye."

. . . The motion was put to a vote and was carried. . . .

SPEAKER ALESEN: Are the tellers finished with their job yet, or shall we appoint new ones?

I will appoint Dr. Carl Benninghoven of San Mateo County, Dr. Samuel Randall of Santa Cruz, Dr. Hollis Carey of Butte-Glenn County, and Dr. Alfred B. Wilcox of Santa Barbara County.

You are voting on the position of alternate to the American Medical Association. Elmer J. Ball and Frederic Ewens are the nominees.

DR. WARD: Could I ask the privilege of having the two candidates stand so we can have a look at them?

SPEAKER ALESEN: Yes.

Dr. Ball, will you please stand? (Applause.)

Dr. Ewens, will you please stand? (Applause.)
Thank you.

Next is Dr. Frank A. MacDonald of Sacramento, alternate to John W. Green. Nominations are in order for the position. -

A MEMBER: I would like to place in nomination the name of Frank MacDonald.

SPEAKER ALESEN: The name of Dr. Frank MacDonald has been placed in nomination.

DR. WOOLSEY: I second that and move the nominations be closed, and the Secretary cast the ballot on it.

SPEAKER ALESEN: Dr. Woolsey, may we wait just one second to see if there be any other nominations.

If not, the motion has been made that the nominations be closed and the Secretary be instructed to cast the ballot. Are you ready for the question?

SEVERAL MEMBERS: Question.

... The motion was put to a vote and was carried. ...

SPEAKER ALESEN: Mr. Secretary, it is unanimous. Will you cast the ballot.

SECRETARY GARLAND: Mr. Speaker, the ballot is cast.

SPEAKER ALESEN: He has been elected to succeed himself.

Now, the post of alternate to additional delegate to A.M.A. Dr. Nippert of Los Angeles.

DR. EDWARD NIPPERT: Mr. Speaker, members of the House of Delegates, I wish I had the eloquence of one of the previous speakers and the silver-tongued oratory of my predecessor there, Dr. Loos, which I do not have; but I have the same determination and the privilege of presenting to you a name well known to you all; a man who is the founder of, I think, one of the greatest organization adjuncts of the State Society, which is the Public Health League; a man who has been battling for years for your profession and your pocketbooks and has succeeded up to now, and we hope will succeed in years to come.

For 15 years he was on the Legislative Committee of the C.M.A. He was president and secretary of the Los Angeles County Society, and he made a valuable reputation for himself. He is a conscientious worker and a man who produced results. He is also a trustee to Los Angeles County Medical Association, a member of the Physicians' Aid, and, most of all, and better yet, he is editor of the Annals of Western Medicine and Surgery.

So, with all these qualifications, gentlemen, you can't help but believe, as I do, that this man is qualified as an additional alternate to the American Medical Association, and I give you the name of Dr. Edmund T. Remmen. (Applause.)

SPEAKER ALESEN: The name of Dr. Edmund T. Remmen of Los Angeles has been placed in nomination for the additional delegate to the American Medical Association.

A MEMBER: Mr. Speaker, it gives me pleasure to second the nomination.

DR. WESLEY SMITH (San Diego): Mr. Speaker, inasmuch as this is a new position going to Southern California, we feel it entirely in order that District 1, composed of San Diego, Imperial, San Bernardino, Riverside and Orange counties be given an opportunity to place in nomination the name of an also very highly respected man.

This is a position which has never been filled. Los Angeles has already elected the delegate to the American Medical Association. The alternate's position, we feel, should properly go to one of the outlying districts.

The man we have selected to be the alternate for this new position is a man most of you know; a man who also has done outstanding things for medicine.

First of all, I might go back and tell you he—someone mentioned one of their candidates graduated from Stanford—this man graduated from the University of California in 1922. He settled in one of the beautiful districts of Southern California where he grows oranges and has since remained there serving in many, many responsible positions. Among them, of course, have been some terms on the Council of the Orange County Medical Association. Later he was its president.

He has served as a delegate to this House of Delegates for years and more recently and at present is a Councilor of our California Medical Association.

In addition to these qualifications he has an excellent background. He is the former chairman of the Industrial Section of the California Medical Association. He is the president of the Western Association of Physicians and Surgeons. It gives me a great deal of pleasure to put in nomination the name of John Ball, present Councilor, District No. 1. (Applause.)

SPEAKER ALESEN: The name of Dr. John Ball has been placed in nomination for this position.

Dr. Remmen.

DR. REMMEN: Mr. Chairman, members of the House, I allowed my name to be placed in nomination for the position of alternate delegate as a part of the harmony move. It is not an office which I seek. In fact, I don't seek any office at all. If I can carry a little water and do some work, I am most happy to do that.

I certainly do not wish to do anything which might create disharmony by depriving one of our smaller counties of what it considers proper representation on our delegation to the American Medical Association.

For that reason, Mr. Speaker, I beg to withdraw my name and to ask that the election of Dr. John Ball be made unanimous. (Applause.)

SPEAKER ALESEN: Dr. Remmen has withdrawn his name from nomination.

Are there other nominations?

If not, how will you act?

SEVERAL MEMBERS: Voice.

SPEAKER ALESEN: All those in favor of Dr. John

Ball as an additional delegate to the American Medical Association, signify by saying "aye."

... The motion was put to a vote and was unanimously carried. . . .

SPEAKER ALESEN: Please note, Mr. Secretary, the vote is unanimous. Will you cast the ballot.

SECRETARY GARLAND: The ballot is cast.

SPEAKER ALESEN: Mr. Secretary, do you have announcements to make on the election?

SECRETARY GARLAND: Mr. Speaker and members, in the ballot for position of Vice-Speaker, there was a vote of 220—Charnock 124, Bullis 96. Dr. Charnock is elected, Mr. Speaker. (Applause.)

SPEAKER ALESEN: Are there any additional announcements, Mr. Secretary?

SECRETARY GARLAND: No additional announcements, Mr. Speaker.

SPEAKER ALESEN: How about members of the Standing Committees?

SECRETARY GARLAND: That will be at a later time.

SPEAKER ALESEN: There are a number of items we would like to get off before the evening recess.

Dr. Justin J. Stein, president of the Veterans' Association of Los Angeles County, desires to introduce a resolution at this time out of order. The reason is that this is a non-controversial matter. This resolution covers something Dr. Stein believes is of great importance to the House of Delegates.

Will you permit Dr. Stein to be heard?

If there are no objections, the Chair moves he be heard. Dr. Stein.

DR. STEIN: Mr. Speaker and members of the House of Delegates: As Dr. Alesen has said, this is not a controversial issue. It has been passed on by the Steering Committee of the Los Angeles delegation and I believe it is an extremely important resolution. The resolution is as follows:

Resolution

WHEREAS, The procurement and assignment of physicians is one of the most important tasks with which the California Medical Association is confronted at the present time, and

WHEREAS, It has been estimated by the Armed Forces that there will be a shortage of 1,600 physicians by the end of July 1949, and that by the end of 1949 there will be a shortage of approximately 2,200 physicians, and

WHEREAS, The voluntary response by physicians educated at government expense or deferred from the draft in order to complete their education has been very poor, and

WHEREAS, Legislation of a discriminatory nature against physicians has been recommended by many lay individuals and organizations, and

WHEREAS, Medical matters of a military nature will become increasingly more numerous in the future; now therefore be it

Resolved: That the President of the California Medical Association be instructed at this session to

appoint a permanent Committee on Military Affairs, whose duties shall be to:

1. Establish liaison between the Medical Advisory Committee to the Secretary of Defense and the American Medical Association on all matters pertaining to the procurement and assignment of physicians.

2. Assist in the formulation of any legislation, if it should be required, to obtain physicians for the Armed Forces during peace time.

3. Help establish proper quota of physicians for the Armed Forces during both peace and war time in the State of California.

4. Establish liaison between the various County Medical Societies of the state and keep them informed on all problems pertaining to the procurement and assignment of physicians.

5. To work with the Disaster Control Committee regarding the coordination of civilian disaster plans with those of the military during major disasters, such as fire, earthquake, atomic warfare, etc.

SPEAKER ALESEN: This resolution will be taken by the Secretary and presented to you after the report of the Resolutions Committee No. 3 at the evening session.

Mr. Secretary, have you a report on the election of office for alternate delegate to the American Medical Association?

SECRETARY GARLAND: Mr. Speaker, the poll is Ewens 112, Ball 103. Dr. Ewens is elected as alternate. (Applause.)

SPEAKER ALESEN: At this time the Chair will recognize Dr. Sam J. McClendon of San Diego, chairman of the Committee on the Constitution and By-Laws.

Dr. McClendon.

DR. MCCLENDON: Mr. Speaker, and members of the House: I am a great believer in the dictum of Henry Ward Beecher who said, "No souls were ever saved after the first 20 minutes."

I am not going to read this document at this time, but I would like to point out that originally 16 members of the California Medical Association were appointed as a committee to revise the Constitution and By-Laws.

In 1948, at your last session of the House, that particular document was referred to a committee of five. We have spent many hours and several days' total time in going over the Constitution and By-Laws for the purpose of revision. I will state that we have now completed our work of many arduous hours and are going to present for action for next year a complete revision of the Constitution and By-Laws. We hope this will be the only one necessary for the next ten to twenty years.

The major changes we have initiated have resulted from the change in the type of association that we have had.

The scope and magnitude of business affairs of this organization has grown tremendously during the past ten years and we feel more time should be given, particularly to business administration and

resolutions, and that type of thing. So, the new Constitution will provide for two meetings of the House of Delegates, a regional meeting and an interim meeting, and also provide for certain type of work and resolutions which can be introduced at one session and acted upon at the other.

Also, the committee felt the financial affairs of the Association require a more business-like handling. Therefore, the new Constitution will propose a more complete budgeting system and provide that expenditures beyond the budgets shall require a three-fourths vote of the Council.

The committee feels that the dual system of District Councilors and Councilors-at-Large is no longer in the best interests of the Association and is recommending that the state be redivided into 12 Councilor Districts with one Councilor from each, and with four officials given full Council membership.

Many additional modifications of the existing Constitution and By-Laws are proposed, including reorganization and strengthening of Standing Committees, clarification of membership qualifications and classifications, strengthening the procedure for referendum votes and other similar matters.

Also, I might state in this connection that we have in the New Constitution and By-Laws provided for a realignment of delegates to this House. Instead of having one delegate for each 50 members, under the proposed Constitution we would have one for each 100 members or fraction thereof.

In other words, your committee has felt the House was becoming too large and unwieldy for prompt and efficient action.

We have provided for a more democratic procedure in the election of delegates and have protected the right of each Councilor District to select its own Councilors.

I will not go into further detail at this time concerning the Constitution and By-Laws from the standpoint of details, because you will have this published at least twice in CALIFORNIA MEDICINE. You will have an ample opportunity to either oppose or approve what we have done.

I would like, however, at this time, to pay particular commendation to my committee. They have done an arduous job, a very thankless and onerous job. Dr. Richard O. Bullis, Dr. Leslie Magoon, Dr. Carl Mulfinger, and Dr. Robertson Ward have worked many hours on this.

I would like to give particular credit to our Executive Secretary, Mr. Hunton, who sat with us in every meeting and who has had voluminous work; and also Mr. Hassard, who has gone over this sentence by sentence to make sure there was no legal complication.

Mr. Speaker, I present the revision of the Constitution and By-Laws, which will lie on the table for one year.

SPEAKER ALESEN: Is this in the final form in which your committee wishes to present it?

DR. MCCLENDON: It is.

SPEAKER ALESEN: The Chair accepts this and it will lie on the table for one year.

At this time I suggest we have a recess. Please try to be back by 7:30. We will reconvene in the Ballroom at 7:30.

Ladies and gentlemen, this meeting is recessed.

. . . The meeting of the House of Delegates recessed at 6:15 p.m. to reconvene at 7:30 o'clock p.m. in the Ballroom. . .

RECONVENTION OF HOUSE OF DELEGATES

The meeting of the House of Delegates reconvened in the Ballroom of the Biltmore Hotel, Los Angeles, California, Tuesday, May 10, 1949. The meeting was called to order at 7:30 p.m. by Speaker Lewis A. Alesen, who presided.

SPEAKER ALESEN: Will the House please come to order. We have a particularly important duty for the President to perform. Will he please approach now.

Mr. Secretary, will you make some announcements, please?

SECRETARY GARLAND: Mr. Speaker and members of the House, these are the nominations for the Standing Committees made by the Council, and subject to your ratification now:

Committee on Associated Societies and Technical Groups, J. Norman O'Neill, Los Angeles; Committee on Health and Public Instructions, George M. Uhl, Los Angeles; Committee on History and Obituaries, E. T. Remmen, Los Angeles; Committee on Hospitals, Dispensaries and Clinics, John C. Sharp, Monterey; Committee on Industrial Practice, Jerome W. Shilling, Los Angeles; Committee on Medical Defense, H. Clifford Loos, Los Angeles; Committee on Medical Economics, Arthur A. Kirchner, Los Angeles; Committee on Medical Education and Medical Institutions, Francis Scott Smyth of San Francisco; Committee on Membership and Organization, Verne G. Ghormley, Fresno; Committee on Postgraduate Activities, Charles A. Broaddus, San Joaquin; Committee on Publications, Keene O. Haldeman, San Francisco; Committee on Public Policy and Legislation, Peter Blong, Los Angeles; Advisory Committee, J. Lafe Ludwig, Los Angeles, to replace Peter Blong; Committee on Scientific Work, Clayton Mote; Physicians' Benevolence Committee, Axcel E. Anderson, Fresno, chairman.

SPEAKER ALESEN: What are your wishes for these committee appointments?

A MEMBER: I move they be accepted.

ANOTHER MEMBER: Second.

SPEAKER ALESEN: It has been moved and seconded that they be accepted. Is there any discussion? All those in favor signify by saying "aye."

. . . The motion was put to a vote and was carried. . .

SPEAKER ALESEN: So ordered.

At this time the Chair recognizes Dr. Askey, who

has an important duty to perform for the California Medical Association. Dr. Askey.

DR. ASKEY: Mr. Speaker, ladies and gentlemen of the House: In medicine there are a great many of our members who through the years have brought honor to our profession. And over the United States in the last few years it has been the custom to give to those people who have practiced for 50 years some little token of our appreciation of their success and the honor they have brought to their profession.

California Medical Association has a number of members who have practiced and been members of this Association for 50 years. We wish at this time to present to those members the pins and buttons which are emblematic of our esteem for our fellow practitioners of medicine.

From Alameda County we have the following Doctors of Medicine: C. M. Holmes Brazelton, Clark J. Burnham, Sr., E. Spence DePuy, Manuel M. Enos, Edward N. Ewer, A. Marion Field, Eve L. Harris, Murrey L. Johnson, Henry J. Kohlmoos, T. C. McCleave, Sr., Louise Oldenbourg, Kirby B. Smith, W. Barclay Stephens, Frank D. Walsh.

Dr. Enos, I guess you are the only one from Alameda County. Will you wait right here, please.

Los Angeles County: Lula Talbott Ellis, William Humes Roberts.

Sacramento County: George W. Dufficy.

San Francisco County: Herbert C. Moffitt, Wallace I. Terry.

San Mateo County: George W. Sevenman.

Dr. Enos, you alone are here to receive in person the award which we have for you in behalf of your 50 years of service as a member of our profession.

It is our honor to present you this emblem of this space of time you have honored our profession. I hereby grant this in the name of the California Medical Association, Dr. Enos. (Standing applause.)

DR. ENOS: Thank you very much.

PRESIDENT ASKEY: Thank you, Dr. Enos.

The other pins and buttons for persons whose names that I have read will be granted and given.

Now, there is one more honor which I, as your President, have, and it is a double honor because I was instructed by the Council of your Medical Association to present this to a member of your House.

There is a gentleman who is almost a has-been. Within a few hours he will be a has-been. I refer to the present chairman of the Council of the California Medical Association. This man, it has been my privilege to watch for several years of arduous work.

He has been a slave driver. He has been one who would not allow things to go by the board.

Your work had to be done and he saw that you did it. However, he is a slave driver that we all love. He is a man that we wish to honor tonight.

In behalf of the Council of the California Medical Association, I am asked to present to its outgoing chairman, Dr. Edwin Bruck, a token of the esteem in which we hold the man who has been chairman of our Council in the last few years.

I will ask Dr. Bruck to come here and accept this and to show you what we have given. Dr. Bruck. (Standing applause.)

DR. BRUCK: This is the miniature. This was a gavel when I became chairman of the Council and it has worn down to this size. (Laughter.)

Thank you, Dr. Askey and members of the Council.

The fact is that I have come to the time when I think I have done all the good I can do, and probably have stayed too long, and I feel that I should move out and make space for younger, quicker, faster, and better men; and that is the reason I have refused to go on. Everything I have done in the past has been something for the good of the California Medical Association as I saw it. I thank you. (Applause.)

SPEAKER ALESEN: We have five minutes now before the California Physicians' Service takes over. Can Committee No. 1 get any part of its report in, Dr. Royston?

REPORT OF REFERENCE COMMITTEE No. 1

DR. ERIC A. ROYSTON, Chairman: Mr. Speaker, members of the House. Before presenting this report, I wish to acknowledge the valuable help rendered this committee by the other members of the committee, Dr. Ivan C. Heron of San Francisco and Dr. Burt Davis of Palo Alto.

Altogether too frequently members of the committee will excuse themselves and leave the work to somebody else, but these men took hold right from the beginning and stayed with it until it was through.

Your committee has reviewed the reports of the General Officers, the Councilors, the President of the Trustees of the C.M.A., the Legal Department, and of the Editor of CALIFORNIA MEDICINE. We were very much impressed with the integrity and the earnestness with which the various officers of the California Medical Association have conducted their work during the past year. When medicine in general is so much under fire today from our Federal and State governments, it is most encouraging to be so definitely assured that the leaders of American Medicine are not going to depart from their Hippocratic oath.

These reports have been printed in the Pre-Convention Bulletin, copies of which have been distributed to all members of the House.

Your committee recommends the approval of these reports. Mr. Speaker, I move the adoption of this section of the report.

SPEAKER ALESEN: Is there a second to this?

A MEMBER: I second it.

SPEAKER ALESEN: All those in favor signify by saying "aye."

. . . The motion was put to a vote and was carried. . . .

SPEAKER ALESEN: So ordered.

DR. ROYSTON: Section 2: The report of the Council as presented in the Pre-Convention Bulletin has been carefully reviewed by your committee, together with the supplementary report on the Proposed Program of the California Medical Association for the Improvement of Medical Care. Your committee recommends the adoption of this report with its supplement. Mr. Speaker, I move the adoption of this section of the report.

SPEAKER ALESEN: Is there a second?

A MEMBER: Second.

SPEAKER ALESEN: All those in favor signify by saying "aye."

... The motion was put to a vote and was carried. ...

SPEAKER ALESEN: It is so ordered.

DR. ROYSTON: Section 3: Your committee has carefully reviewed the reports of the following committees: Executive Committee, Committee on Associated Societies and Technical Groups, Auditing Committee, Committee on Health and Public Instruction, Committee on History and Obituaries, Committee on Hospitals, Dispensaries, and Clinics, Committee on Medical Economics, Committee on Medical Education and Medical Institutions, Committee on Organization and Membership, Committee on Publications, Committee on Scientific Work, Cancer Commission, Advisory Planning Committee, C.M.A. Blood Bank Commission, Committee on Public Relations, Committee on Industrial Health, Committee on Rural Medical Service, Committee on Codification of Medical Ethics, and the Physicians' Benevolence Committee. Your committee recommends the approval of these reports. Mr. Speaker, I move the adoption of this section of the report.

SPEAKER ALESEN: Is there a second?

A MEMBER: Second.

SPEAKER ALESEN: Those in favor signify by saying "aye."

... The motion was put to a vote and was carried. ...

SPEAKER ALESEN: It is so ordered.

DR. ROYSTON: Section 4: Your committee has reviewed the report of the Editorial Board and highly commends Dr. Dwight Wilbur for the excellent work which he has done as chairman of this Board. Your committee recommends the adoption of this report but submits the following suggestion: That the members of the Editorial Board be supplemented by representation from the section on General Practice. Your committee recommends the approval of this section of its report.

Mr. Speaker, I move the adoption of this section of the report.

SPEAKER ALESEN: Dr. Royston, this is merely a recommendation, is it not? It does not provide for a specific appointment at this time?

DR. ROYSTON: No.

SPEAKER ALESEN: Is there a second?

A MEMBER: Second.

SPEAKER ALESEN: All those in favor signify by saying "aye."

... The motion was put to a vote and was carried. ...

DR. ROYSTON: Section 5: Your committee has reviewed the report of the Committee on Industrial Practice as published in the Pre-Convention Bulletin and recommends its adoption. Your committee feels, however, that a supplementary report on the progress of negotiations regarding the fee schedule would be welcomed by the membership of the California Medical Association. Mr. Speaker, I move the adoption of this section of the report.

SPEAKER ALESEN: Is there a second?

A MEMBER: Second.

SPEAKER ALESEN: All those in favor signify by saying "aye."

... The motion was put to a vote and was carried. ...

SPEAKER ALESEN: It is so ordered.

DR. ROYSTON: Section 6: It appears to your committee that Dr. Cullen Ward Irish and his committee for Study of Problems of Alcoholism in making their exhaustive study of this subject have contributed not only to the activities of the California Medical Association but have added a noble monograph to adorn the shelves of our medical and public libraries.

In addition to the seven recommendations which were submitted in printed form in the Pre-Convention Bulletin, the committee has also submitted 67 masterfully written pages on the subject of alcoholism which will probably become a standard reference for the future generations on this ancient and most important subject. We presume that this report will be printed in full in CALIFORNIA MEDICINE. We suggest that this report be made available to county medical and public libraries.

Your committee heartily recommends the adoption of this section of the report. Mr. Speaker, I move the adoption of this section of the report.

A MEMBER: I second the motion.

SPEAKER ALESEN: All those in favor signify by saying "aye."

... The motion was put to a vote and was carried. ...

SPEAKER ALESEN: It is so ordered.

DR. ROYSTON: Section 7: Your committee has reviewed the report of the Committee on Crippled Children's Act as submitted by Dr. Frederic Ewens and wishes to commend it on the breadth and scope of its exploration of this very important subject.

Your committee recommends approval of this report in principle and suggests that the following changes be inserted in the paragraph referring to Section 253 of the Crippled Children's Act so that the words, "expert diagnosis" found in line four will be eliminated and the words "proper diagnosis and treatment" be used in their place.

In the paragraph referring to Section 254 and 255 of the Act, your committee suggests that the

phrase, "either wholly or partly unable," be changed to read, "the test for eligibility for benefits should be based on a realistic appraisal of the child's need as determined by his physician or a medical advisory committee."

Your committee feels that time is of the essence in pursuing these recommendations and is aware that the State Act is dependent on the Federal Act in order to obtain federal tax moneys. Therefore, your committee suggests that the Council institute immediate steps to carry into effect these changes as far as possible in the present Legislature and also instruct the delegates to the American Medical Association to implement a national program to change the Federal Act in conformance with the principles in the report of this committee.

Your committee recommends the approval of this section of its report. Mr. Speaker, I move the adoption of this section of the report.

A MEMBER: I second it.

SPEAKER ALESEN: Is there any discussion? If not, all those in favor signify by saying "aye."

. . . The motion was put to a vote and was carried. . . .

SPEAKER ALESEN: It is so ordered.

DR. ROYSTON: Section 8: Your committee feels that Dr. John Ruddock and his committee have done an excellent job in preparing their report on the committee on Postgraduate Activities. They have undoubtedly given many hours of study and thought to this most important subject. In addition to their printed report which appeared in the Pre-Convention Bulletin, they presented a supplementary report in two parts. The first part consisted of a report on the policies adopted by the Committee on Postgraduate Activities. The second consisted of a report of proposals for the future work of the committee.

Your committee recommends the adoption of this most excellent report and supplement with the following suggestions:

Part 1, paragraph 3 of the supplementary report be changed to read as follows: "The Committee on Postgraduate Activities will arrange postgraduate seminars at selected centers within the state which are easily accessible to most of the 4,000 non-metropolitan members. These seminars will consist of didactic lectures and/or clinical demonstrations in conjunction with the local county medical societies. Necessary expenses of the speakers or instructors and other miscellaneous costs will be absorbed by the Association."

In part 2, paragraph 2 of the supplement, it be changed to read as follows: "So that the director might be free for the field, as soon as practicable, the possibilities should be explored of employing an office assistant to the Director of Postgraduate Activities on a full time basis, and that adequate office space be made available immediately adjacent to the California Medical Association offices in San Francisco or in Los Angeles if circumstances warrant."

Paragraph 3 be changed to read: "That an Ad-

visory Committee be appointed to meet with the Standing Committee at least once yearly," etc.

Paragraph 3 (c) be changed to read: "A surgeon, an internist, a pediatrician, an obstetrician, a general practitioner, and such other representatives as may be deemed advisable, to be selected at large."

Paragraph 4 to be deleted.

Paragraph 5 be changed to read: "That the California Medical Association continue its membership in the National Postgraduate organization of the A.M.A., and that a representative of the Postgraduate Activities Committee, preferably the Director, be selected to attend their yearly meeting, and such other meetings as are considered necessary and advisable by the committee."

Paragraph 6 be changed to read: "Insofar as deemed advisable the Postgraduate Committee cause to be published in CALIFORNIA MEDICINE, all postgraduate programs and opportunities fostered by the universities and other organizations available within the state."

Your committee recommends the approval of this section of its report. Mr. Speaker, I move the adoption of this section of the report.

SPEAKER ALESEN: Is there a second?

A MEMBER: Second.

SPEAKER ALESEN: Is there a discussion?

DR. ROBERTSON WARD: So far, has the chairman of the Postgraduate Committee approved the changes made in this program?

SPEAKER ALESEN: Dr. Ruddock, do you wish to answer that question?

DR. RUDDOCK: I have.

SPEAKER ALESEN: Is the answer satisfactory, Dr. Ward?

DR. WARD: Yes.

SPEAKER ALESEN: Is there any further discussion? If not, all those in favor signify by saying "aye."

. . . The motion was put to a vote and was carried. . . .

SPEAKER ALESEN: It is so ordered.

DR. ROYSTON: Mr. Speaker, I move the adoption of the Report of Reference Committee No. 1 as a whole.

SPEAKER ALESEN: It has been moved and seconded that the Report of Reference Committee No. 1 as a whole be adopted. Is there any discussion? If not, all those in favor signify by saying "aye."

. . . The motion was put to a vote and was carried. . . .

SPEAKER ALESEN: It is so ordered

Thank you, Dr. Royston, and your committee for an excellent job well done. (Applause.)

The Chair now recognizes President Askey and recommends that he continue the job he almost finished before.

PRESIDENT ASKEY: It has been brought to my attention that one of our 50-year men just entered the room. We would like to honor him with a presentation of his 50-year badge. Actually it is 54 years.

This is Dr. Andrew Henderson of Sacramento County. (Standing applause.)

Dr. Henderson, it is with honor that I present you this pin.

DR. HENDERSON: Thank you. I wish to thank you for this recognition of long membership in this Association.

I rather feel that this body now has a fight on its hands quite as important as anything that has been done in the medical fraternity since the time 54 or 55 years ago when I joined the Association. That, of course, is the fight against socialized medicine.

About two weeks ago there appeared in Sacramento a gentleman who is a more than able graduate of the University of California, and his remarks were to the effect that 88 per cent of the people of the United States would be benefited by compulsory insurance. How he got that 88 per cent I can't even tell. So I would like to have some of the University of California men tell us where they got that 88 per cent. (Laughter.)

He said the United States was the only major country in the world that did not have socialized medicine, and I have no doubt he thought that he might have added that the rest of the countries had gone to the bow-wows and we might just as well go with them. (Laughter.)

Two or three weeks ago an article for socialistic medicine referred to a gentleman who had just been presented, as we were tonight, with a 50-year recognition of membership as a physician and surgeon of New York City. This gentleman in his remarks made the comment that in the next 50 years people would devote attention to preventive medicine as opposed to the cure of the failure of medicine. Now that is very nice, but I think I heard that same remark made some 50 years ago in Sacramento. I heard it in New York, I heard it in London, Paris, Berlin, and Vienna. It is true that preventive medicine was taken up at that time and the work done has resulted in the virtual elimination or great reduction of bubonic plague, typhoid fever, malaria, diphtheria—all those diseases, some of them which caused the death of millions of people.

There is no question but that our fight now, or your fight now, is the prevention of a socialistic type of medicine. (Standing applause.)

SPEAKER ALESEN: At this time the California Medical Association House of Delegates recesses and the California Physicians' Service meeting is turned over to Dr. Lowell Goin.

... The meeting of the House of Delegates recessed at 8:15 p.m. to reconvene after the meeting of the California Physicians' Service. ...

RECONVENTION

The meeting of the House of Delegates reconvened in the Ballroom of the Biltmore Hotel, Los Angeles, California, Tuesday, May 10, 1949. The meeting was called to order at 10:10 p.m. by Vice-Speaker Charnock, who presided.

VICE-SPEAKER CHARNOCK: The next order of business is the Report of the Reference Committee No. 3, Dr. Jacobs, chairman.

REPORT OF REFERENCE COMMITTEE No. 3

DR. FRANCIS E. JACOBS, Chairman: Your Reference Committee No. 3, Dr. H. Clifford Loos, Dr. M. Laurence Montgomery and I, have met and considered all testimony presented regarding the By-Law amendment and the 18 other resolutions that were presented to the House of Delegates. There were no constitutional amendments submitted or held over from last year.

We have consulted with your President, Dr. Vincent Askey; with President-Elect Dr. Stanley Kneeshaw; with officers of the C.M.A.; with Council members of C.M.A.; with members of the Board of Trustees of C.P.S.; with representatives of various C.M.A. committees; with legal counsel; and with our Executive Secretary, Mr. John Hunton.

We have used the best witnesses available in considering the various resolutions. Your committee has used its best judgment in giving proper consideration not only to the county societies and individuals who proposed the resolutions but also the actual substance of the resolutions themselves. No audible voice was left unheard.

The problems which we have considered cover parts of the entire field of social, economic and administrative medicine. The field is broad and it is possible that we may have erred in judgment in the consideration of certain aspects of the resolutions. We have done the best job we could for you.

Reference Committee No. 3 respectfully submits the following report:

Resolution No. 1: This is a resolution embodying the thesis that alternates be allowed the same expenses for attendance at sessions at House of Delegates of the A.M.A. as the delegates. The committee and a majority of the witnesses felt that this is a progressive move which will be of great value to C.M.A. for years to come.

The committee recommends the adoption of this resolution.

VICE-SPEAKER CHARNOCK: Do I hear a second to the motion?

The question is on the adoption of this section of the report.

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: All those in favor will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: This section is adopted.

DR. JACOBS: Resolution No. 2: A resolution embodying the thesis that C.M.A. on the state level can best negotiate with insurance companies regarding fee schedules for medical services.

The committee recommends adoption of this resolution.

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: It has been moved and seconded that this resolution be adopted. The question is on the adoption of this resolution.

Those in favor signify by saying "aye."

... The motion was put to a vote and was carried. ...

DR. JACOBS: Resolution No. 3: The intent of this resolution calls for a screening of all physician personnel for military service. The executive committee of C.M.A. already has met with representatives of the Army and Navy and is working along the lines suggested in the resolution. The Council of the A.M.A., through one of its committees, also is working on this thesis with the Surgeon General of the Army and Navy. The intent of the resolution is already being accomplished. The committee feels therefore that this resolution is unnecessary.

The committee recommends the rejection of this resolution.

VICE-SPEAKER CHARNOCK: Do I hear a second to that?

A MEMBER: Second.

VICE-SPEAKER CHARNOCK: The question is on the adoption of this section of the report which will reject the resolution. Those that are in favor will signify by saying "aye."

... The motion was put to a vote and was carried. ...

DR. JACOBS: Resolution No. 4: This resolution embodies an amendment to the By-Laws by bringing up to date certain nomenclature in the By-Laws of the Constitution of the C.M.A. The intent is to change the words from "Neuropsychiatry" to "Section on Psychiatry and Neurology."

The committee recommends the adoption of this resolution.

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: It has been moved and seconded we adopt this section of the report.

All those in favor signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. JACOBS: Resolution No. 5: The intent of this resolution is an affirmation by the C.M.A. of the new vigorous policy of the A.M.A. in combatting compulsion.

The committee recommends the adoption of this resolution.

VICE-SPEAKER CHARNOCK: Do I hear a second?

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: It has been moved and seconded to adopt this section of the report. All those in favor signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. JACOBS: Resolution No. 6: The committee has spent a great deal of time and study with witnesses and legal counsel concerning this particular resolu-

tion. Under ordinary circumstances it would favorably report the resolution to the House but it believes that because of the uncertainty of conditions, the timing is inappropriate.

The committee recommends the rejection of this resolution.

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: It has been moved and seconded that we adopt this section of the committee's report, as to Resolution No. 6 regarding hospital standardization. It was introduced by James Raphael of Alameda County. Do you want me to read it?

SEVERAL MEMBERS: No.

A MEMBER: Mr. Speaker, I understand that the introducer of this resolution agrees with the recommendation of the committee. Is that correct?

DR. RAPHAEL: On advice of Mr. Hassard, I do agree with the recommendation of the committee.

VICE-SPEAKER CHARNOCK: The question is on the adoption of this section of the report, No. 6, which would have the effect of rejecting the resolution. Is there any more discussion on it?

DR. BELT (Los Angeles County): It seems to me that this resolution merely seeks to give effect to the resolution already passed by the House of Delegates to the American Medical Association in 1948, in which the House of Delegates of the American Medical Association recommended to the hospitals a plan of hospital standardization. This is just to spur them along to do that. It is well-known how hospital standardization originated and how it was operated to the detriment of the great sections of the profession. It is also believed by all of us that it is time the American Medical Association agrees on the situation and sets up its own standardization for hospitals, in the interest of the whole profession, and not that section of it. That section has set up standards for its own purpose, and is using it for its own business.

I don't see why this is an inopportune time to ask the American Medical Association to put its own resolution into effect. I would like to have that explained.

VICE-SPEAKER CHARNOCK: Mr. Hassard, will you come forward to explain that part of it?

MR. HASSARD: Mr. Speaker, and members of the House of Delegates, the matter was discussed rather fully before the Reference Committee. You heard the author of the resolution state he is in agreement with the Reference Committee, and I would prefer not to discuss it further at this time, if I might have that privilege.

VICE-SPEAKER CHARNOCK: Is there any more discussion on this Resolution No. 6? The question is on the adoption of the committee's report, which in effect will reject this resolution.

Those that are in favor will signify by saying "aye."

... The motion was put to a vote. ...

VICE-SPEAKER CHARNOCK: The Chair is in doubt. We will have a rising vote.

... A rising vote was taken on the motion. ...

VICE-SPEAKER CHARNOCK: The resolution is rejected.

DR. JACOBS: Resolution No. 7: The purpose of this resolution is to decentralize the Public Relations efforts of C.M.A. and to point up the need for same.

The committee investigated this subject thoroughly and believes, in view of the facts that the Southern California office of the C.M.A. has been in existence for less than a year and that continued improvements are contemplated as the need arises, that this resolution appears to be premature.

The committee recommends rejection of this resolution.

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: The question is on the adoption of this section of the report. Is there any discussion?

If, not, those in favor will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. JACOBS: Resolution No. 8: The intent of this resolution is a complaint of the service rendered in San Diego through the Southern California office of the C.M.A. This is an honest and sincere complaint.

The committee rejects this resolution on the grounds that it feels some of the factors of the resolution have already been satisfied and there is evident assurance that there is already movement on foot to undertake the other measures referred to.

Your committee moves that this resolution be rejected.

VICE-SPEAKER CHARNOCK: Do I hear a second?

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: The question is on the adoption of this section of the report. Is there any discussion?

If not, those in favor will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. JACOBS: Resolution No. 9: The intent of this resolution is to study the use of C.M.A. funds expended in advertising by radio through "California Caravan," particularly C.P.S. and other phases of organized medicine. The committee sees no harm in reviewing an expenditure.

The committee believes, however, that "California Caravan" along with C.P.S. is one of our better weapons of good Public Relations. The committee wishes to congratulate the Council of the C.M.A. and the Committee on Public Relations on doing a job well, for giving the physicians of California a winning team. The committee has changed the last paragraph of this resolution to read:

Resolved: That the Public Relations Committee of C.M.A. be requested to study carefully the phases

of organized medicine publicized by the radio program, "California Caravan," that said Public Relations Committee of the C.M.A. be requested to review the use of C.M.A. funds to publicize California Physicians' Service.

The committee recommends the adoption of this resolution as amended.

VICE-SPEAKER CHARNOCK: The question is on the adoption of this section of the report. Is there a second?

SEVERAL MEMBERS: Second.

VICE-SPEAKER CHARNOCK: It has been moved and seconded that we adopt this section of the report. Is there any discussion?

Those in favor of adopting this section of the report will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. JACOBS: Resolution No. 10: The intent of this resolution is to keep the doctors out of the social security system and away from the collective state and on the road of good American free enterprise. The resolution was amended by changing the word "instructed" in the last paragraph to the word "requested."

The committee recommends the adoption of this resolution as amended.

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: The question is on the adoption of this section of the report. Is there any discussion?

Those who are in favor of the adoption of this will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. JACOBS: Resolution No. 11: This resolution reaffirms the recommendation of the C.M.A. and A.M.A. to foster the establishment of a General Practice Section in approved hospitals. The committee also feels that the General Practice Sections themselves should work harder on this problem and take the initiative in improving this condition.

The committee recommends the adoption of this resolution.

A MEMBER: Second.

VICE-SPEAKER CHARNOCK: The question is on the adoption of this section of the report. Is there any discussion?

Those who are in favor of the adoption of this section of the report will signify by saying "aye."

... The motion was put to a vote and was carried. ...

DR. JACOBS: Resolution No. 12: The intent of this resolution is to have the A.M.A. include the setting up of General Practice Sections as one of the requirements in hospitals approved for teaching. This resolution was amended by changing the last paragraph so that it now reads:

Resolved: That the delegates of the C.M.A. request the delegates from California to the next A.M.A. House of Delegates meeting to introduce a similar resolution at their next meeting to recommend to the Committee on Hospitals of the A.M.A. to include in their requirements for approval of hospitals the establishment of a section on general practice with status similar to that of other departments wherever this is practicable.

The committee recommends approval of this resolution as amended.

VICE-SPEAKER CHARNOCK: Do I hear a second?

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: The question is on the adoption of this section of the report. Is there any discussion?

Those that are in favor of the adoption of this section will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: Is there a second?

DR. JACOBS: Resolution No. 13: The committee recommends rejection of this resolution and presents the following substitute resolution:

WHEREAS, Local hospital districts were authorized in 1946 by the State Legislature by adding a new chapter to the Health and Safety Code, and

WHEREAS, High professional standards must be maintained in hospitals built under the local hospital district law in order to protect the health of the community and promote the general welfare; now therefore be it

Resolved: That the C.M.A. firmly believes and represents that the public interest requires that the minimum standards for practice in district hospitals must be not less than the standards for practice that have been developed and established for private hospitals in this state that are approved for nurse or intern training.

The committee recommends that the substitute resolution be adopted.

VICE-SPEAKER CHARNOCK: Is there a second?

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: The question is on the adoption of the substitute resolution. Is there any discussion?

Those that are in favor of the adoption of this substitute resolution will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. JACOBS: Resolution No. 14: The intent of this resolution is a complaint against the physician caste system in government, legal and insurance medicine. In the C.M.A. all are equal and there is no caste system.

The committee recommends the rejection of this resolution and submits this substitute resolution:

WHEREAS, The California Medical Association has endorsed, and continued to endorse, the granting of

Specialist Certificates for the purpose for which they were intended, but not for legal differentiation between physicians, and

WHEREAS, The California Medical Association is an organization of physicians and surgeons holding equal licenses to practice granted by the State of California; now therefore be it

Resolved: That this House of Delegates requests the officers and members of the California Medical Association to advocate equal treatment of physicians by insurance companies, governmental agencies and others interested so that duly licensed doctors of medicine are considered equally in the eyes of the law.

The committee recommends adoption of the substitute resolution.

VICE-SPEAKER CHARNOCK: Is there a second?

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: The question is on the adoption of this substitute resolution. Is there any discussion?

Those that are in favor of the adoption of this substitute resolution will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. JACOBS: Resolution No 15: The intent of this resolution is to discourage the use of fictitious names in the practice of medicine in California.

The committee recommends the adoption of this resolution.

VICE-SPEAKER CHARNOCK: Is there a second?

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: The question is on the adoption of this section of the report. Is there any discussion?

Those that are in favor of the adoption of this section of the report signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. JACOBS: Resolution No. 16: The intent of this resolution is to require local county association membership, regardless of geographical migration of the physician, through A.M.A. regulation. This resolution was amended by changing the word "eight" to "twelve" in the last paragraph.

The committee recommends adoption of this resolution.

VICE-SPEAKER CHARNOCK: Is there a second?

A MEMBER: I second it.

VICE-SPEAKER CHARNOCK: The question is on the adoption of this section of the report favoring adoption of the resolution as amended. Is there any discussion?

Those that are in favor of adopting this section of the report signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. JACOBS: Resolution No. 17: Regarding Ambulances. The committee rejects this resolution on the grounds that it feels that the problem is outside the jurisdiction of C.M.A. It would seem that this is a problem of the State Highway Patrol and other law enforcement agencies.

The committee recommends the rejection of this resolution.

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: It has been moved and seconded that we accept this section of the report which has the intent to reject the resolution. Is there any discussion on the question?

Those that are in favor of this section of the report will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. JACOBS: Resolution No. 18: The intent of this resolution is to teach and train interns and residents about certain aspects of economic medicine after the manner of free enterprise. Otherwise we are likely to lose the newer generation of doctors to a collectivist ideology. The committee feels that this is a training problem that we should take advantage of. The committee feels that this problem is not within the province of present constituted committees.

The committee amends this resolution by changing the word "instructed" to the word "requested" in the second sentence of the last paragraph; and by introducing the phrase "if necessary" in the last sentence in the last paragraph following the phrase, "To this end."

The committee recommends the adoption of this resolution as amended.

VICE-SPEAKER CHARNOCK: Do I hear a second?

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: The question is on the adoption of this section of the report. Is there any discussion? All those in favor of this section of the report will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. JACOBS: Resolution No. 19: The intent of this resolution is to point up the fact that many members of the C.M.A. and specifically members of the Fee Schedule Committee feel that they have not been able to get a proper hearing before, or action by, the Board of Trustees of C.P.S. This resolution is an effort to establish a coordinating body that was intended to resolve this difficulty.

The committee spent much time in listening to witnesses regarding this measure. The witnesses consisted of officers and delegates of the C.M.A.; trustees of the C.P.S.; legal counsel of C.P.S. and C.M.A.; as well as proponents and opponents of the resolution.

The committee feels, as a result of the hearings, that the resolution would not accomplish the intent

desired; that adoption of this resolution would interfere with the existing effective liaison between C.M.A. and C.P.S. by introducing an unwieldy third element; and that it would interrupt the proper functioning of C.P.S. and would necessitate major constitutional changes in C.M.A., and in the Articles of Incorporation of C.P.S.

The committee respectfully suggests to the officers of the C.M.A. and to the Board of Trustees of C.P.S. that they recognize the existence of a problem, and further requests that study and action be engaged in to correct what appears to be an unsatisfactory situation.

The committee recommends rejection of this resolution.

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: The question is on the adoption of this section of the report. Is there any discussion?

Dr. Bender.

DR. BENDER: I apologize for appearing before you once again, but this is just to keep the record straight. All of the committee's objections on a legal basis were removed before this resolution left the committee, by mutual agreement between the proponents and the members of the committee. I see that in spite of the agreement to remove certain objectionable factors, which I already pointed out to you in this report, that was not done in the printed forms that you received. So, I believe that the committee has not been exactly fair in making the changes the committee and proponents agreed upon when the committee makes its recommendations to you.

Now, the committee makes the recommendation and respectfully suggests that further studies be made of this subject.

I would like to ask the Chair if it is out of order to make a motion to that effect now.

For the benefit of the Chair I repeat that question. The committee feels as a result of the hearings that certain things should be done and they respectfully suggest to the officers of C.M.A. and the board of C.P.S. that they recognize the existence of a problem and further request that study and action be engaged in to correct what appears to be an unsatisfactory condition.

I ask the Chair whether or not I am out of order to make a motion toward that end at this time.

VICE-SPEAKER CHARNOCK: You may amend the report, that section of the report. You can put that in as an amendment. We will accept it as an amendment.

DR. BENDER: I make the following amendment to the report of the Reference Committee: That a committee of five members of the House of Delegates be appointed to make a study of the problem which the Reference Committee admits exists and that within six months it return its results, the results of its study on the advisability of resolving this weakness in the set-up of C.P.S., and that it make this report to the Council of the California Medical Association.

VICE-SPEAKER CHARNOCK: Is there a second to that amendment?

A MEMBER: I second the amendment.

VICE-SPEAKER CHARNOCK: The amendment is seconded. The vote is now on the amendment to that section of the report. Is there any discussion on that?

DR. JACOBS: I just want to say one word about the resolution. Dr. Bender said that the resolution is changed. However, you will notice on this mimeographed copy that Resolution No. 19 is in the exact wording as presented by Dr. Bender. There wasn't a word changed.

DR. LOOS: Mr. Speaker, I would like to ask this of Dr. Bender: I would like to have the record straight. Dr. Bender, in his report to you about the Resolutions Committee No. 3, stated that there had been an agreement arrived at between the committee and Dr. Bender regarding certain phases of this matter.

Now, I was there, and I did not hear any agreement made with anybody on this resolution or any other resolutions. Thank you.

VICE-SPEAKER CHARNOCK: Is there any more discussion?

DR. BENDER: I don't know whether you have the original of the resolution which was presented by us or not, but one of them was marked in purple ink by Dr. Jacobs' pen, showing the things that were crossed out by me in his presence, and in the presence of the other two members of the committee as the amended resolution which we were then presenting to the Resolutions Committee.

It is entirely the business of the Resolutions Committee as to whether or not they accept such changes or whether they accept the resolution or reject it. I am not interfering with that.

But the fact remains that we made certain changes in there in their presence, and I have no written agreement to the contrary notwithstanding. But, it seems to me, I got the impression that they believed that these corrections would be acceptable to the committee. As a matter of fact, certain of us who were there were told before we left that this resolution would be acceptable to the committee who subsequently changed their minds and left out the changes which we made.

VICE-SPEAKER CHARNOCK: As a point of information for the House, the mimeographed sheet is the stencil that has been cut just as the resolution was put in to the Reference Committee, and the Reference Committee's report is on the other mimeographed sheet.

The question is now on the amendment by Dr. Bender, which has been seconded; the appointment by the Council of five members of the House of Delegates to make a study of the problems connected with this section of the report.

Is there any further discussion on that amendment?

Those who are in favor of the amendment will signify by saying "aye."

... The motion was put to a vote. ...

VICE-SPEAKER CHARNOCK: The Chair is in doubt. Those who are in favor will please stand up.

... A rising vote was taken on the motion. ...

VICE-SPEAKER CHARNOCK: The amendment carries.

The question is now on the adoption of this section of the report as amended. Is there any further discussion?

Those in favor of this section of the report will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. JACOBS: Under new and miscellaneous business, I wish to present the resolution that was read from the floor earlier this evening. In order to refresh your minds on it I will give you the resolve part of it. It was presented by Dr. Justin Stein.

Therefore be it

Resolved: That the President of the California Medical Association be instructed at this session to appoint a permanent Committee on Military Affairs, whose duties shall be to:

1. Establish liaison between the Medical Advisory Committee to the Secretary of Defense and the American Medical Association on all matters pertaining to the procurement and assignment of physicians.

2. Assist in the formulation of any legislation, if it should be required, to obtain physicians for the Armed Forces during peacetime.

3. Help establish proper quota of physicians for the Armed Forces during both peace and war time in the State of California.

4. Establish liaison between the various county medical societies of the state and keep them informed on all problems pertaining to the procurement and assignment of physicians.

5. To work with the Disaster Control Committee regarding the coordination of civilian disaster plans with those of the military during major disasters, such as fire, earthquake, atomic warfare, and so forth.

The committee has studied this over during the last hour or two and wishes to amend the resolution as follows:

The committee feels that this should be on a state level and not a national level as would be indicated in the resolution. The committee would add, in the third line of the paragraph beginning "Therefore be it resolved," these words: "whose duties with respect to the State of California," etc.

Then, the committee would change the word "physicians" to "medical services," in the paragraph numbered "2."

And in No. 3, it would delete "in the State of California," as being redundant.

Mr. Speaker, the committee recommends the adoption of this resolution as amended.

VICE-SPEAKER CHARNOCK: Do I hear a second?

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: Is there any discussion?

DR. THOMAS (Palo Alto): Because Resolution No. 3 and this one are somewhat conflicting and overlapping I see that either to withdraw one or the other is in order. Because there are a few more specific implications by this last resolution that are not included in Resolution No. 3 and because there are certain things covered in Resolution No. 3 that are not covered by this one, I believe that there should be an amalgamation of the two.

I don't believe either one of them should be thrown out, the reason for this being merely a surface show.

In other words, the intent of both is the same—to set up some sort of liaison between the medical profession and the military.

VICE-SPEAKER CHARNOCK: Is there any further discussion?

The question is on the adoption of this resolution as amended by the Reference Committee.

Those that are in favor will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. JACOBS: Mr. Speaker, members of the House, the committee recommends the acceptance of the report of Reference Committee No. 3 as a whole.

VICE-SPEAKER CHARNOCK: Is there a second?

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: The question is on the adoption of the report of the Reference Committee No. 3 as a whole, as amended.

Those in favor of adopting this report will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: The Chair wishes to thank Dr. Francis Jacobs, Dr. H. Clifford Loos and Dr. M. Laurence Montgomery for their work on this committee. (Applause.)

The next order of business is the report of Reference Committee No. 2 on reports of the Secretary-Treasurer and the Executive Secretary on Budget and Dues. Dr. Alson R. Kilgore, chairman.

REPORT OF REFERENCE COMMITTEE No. 2

DR. ALSON R. KILGORE: Mr. Speaker and members of the House of Delegates: Your Reference Committee, Stanley R. Truman of Alameda, Dr. G. Wendell Olson of Orange, and I, has considered the reports assigned to it by the speaker and submits for your consideration the following recommendations:

Report of the Secretary: Another year finds our Association more profoundly in debt to its members who serve as officers and on committees for the good of the cause and the love of their profession. It would be difficult to place them in the order of

magnitude of their contribution but the Secretary stands high on the list. Your committee can only recommend a formal expression of thanks and appreciation from this body.

Mr. Speaker, I move the adoption of this section of the report.

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: It has been moved and seconded we adopt this section of the report. Is there any discussion?

Those in favor signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted. (Applause.)

DR. KILGORE: Report of the Treasurer: The Treasurer's financial statements are printed in full in the annual report bulletin and require no explanation by this committee.

Mr. Speaker, the committee moves the adoption of the Treasurer's Report.

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: The question is on the adoption of this section of the report. Is there any discussion?

SEVERAL MEMBERS: Question.

VICE-SPEAKER CHARNOCK: Those that are in favor of the adoption of this section of the report will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. KILGORE: Report of the Executive Secretary: The Report of the Executive Secretary enumerates ten major activities ranging from that of general business manager to promotion agent. Some of these categories comprise numerous subdivisions such as serving as secretary for about two dozen standing and special committees, which he modestly admits he has done when invited. It appears to this committee he has been as busy as a small boy at a side show. Your Reference Committee appointed a subcommittee to study the report. The subcommittee got so tired just reading about all the work that he adjourned to the bar to restore his depleted tissues and the rest of the committee had to go down and catch him and bring him back.

The report contains little estimate of the quality of the job turned in, as indeed it does not need to. The quality speaks for itself. The Association is fortunate to have a man in this position who has made our interests so wholly his and who is able to spread himself so thin and yet be so effective. We recommend that the House express to John Hunton our appreciation, and our admiration and esteem.

Mr. Speaker, I move the adoption of this section of the report. (Applause.)

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: It has been moved and seconded that we adopt this section of the report. All in favor signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. KILGORE: You have in your hands a copy of the proposed budget for 1949-1950. This varies from that proposed by the Council chiefly in the items of estimated income, and in the estimated balance between income and expenditures.

The Council's estimation of income is based on dues from approximately 10,000 members at \$37. That means dues at \$40 with \$3 allocated to the CALIFORNIA MEDICINE, making a net to the Association of \$37.

This item would be \$372,000. On this basis operations for the year with expenses as estimated would result in a deficit of \$31,500. Your committee believes that the estimate of 10,000 members is perhaps a little optimistic. It is our understanding that there are, of this date, 9,600 members.

Some new members are to be expected during the year, but it is to be remembered that members joining after mid-year pay half dues. Is that correct?

EXECUTIVE SECRETARY HUNTON: Correct.

DR. KILGORE: It seems to our committee that 9,750 members would be a safer estimate, in which case the deficit of \$31,550 would be increased by \$9,250 to a deficit of \$40,800.

First, about the desirability of deficit financing with reference to the combined balance. If you have your convention bulletin and will turn to page 16 in the Annual Reports, the top table on the page, third column, you will find that the combined surplus of the C.M.A. and Trustees is set down as of June 30, 1948, as \$1,155,231.65.

On the proposed budget sheet you will find shown a balance from 1948-1949 operations estimated at \$105,195. Presumably this will be added to the above surplus, making a total surplus at the end of this fiscal year of \$1,260,426. That is roughly a little over one and a quarter million.

Your committee believes that dues should be reduced rather than added substantially to this surplus, but we do not believe that it would be sound to start cutting the surplus down for current operating expenses.

The proposed estimates of various expenditures as shown on this sheet you have in your hands have been made on what is believed to be a liberal basis, and that actual operations cost will prove to be sufficiently less than estimates in many instances, so that a separate item for contingencies has not been included.

Certain items in the budget deserve a little special comment. First, Item No. 11, American Medical Association meeting expense. The House passed the resolution earlier this evening to pay the expenses of alternates as well as delegates and this will in an ordinary year substantially increase the cost incurred but will not be so effective this next year because the meeting will be in San Francisco.

The delegation has, however you should remember, been increased by one and by one alternate.

The figure \$15,000 shown is believed to be a reasonable and liberal estimate for that.

Cancer Commission, Item No. 17, shown in the budget a year ago at \$5,000. This year it is estimated at \$6,000. The estimated budget request is for \$25,000. This is substantially increased because it is expected during next year a series of cancer commission articles will be completed in handbook form and distributed to the membership, and also because of the action of the Council in taking over from the government certain expenses in connection with the cancer seminars that are being held throughout the state.

No. 3, Department of Public Relations, Item No. 16. Earlier this evening in a resolution that you adopted you implied at least a continuation of the public relations program, substantially as it has stood. This includes as its major item of expense the "California Caravan" program and your committee agreed in advance with a decision this House had taken tonight. That is, after all, a very major item and if you will bear with me for two or three minutes I think we ought to take back to our constituents a little more extended explanation than was given earlier this evening.

The committee found when we got together that we had all come to Los Angeles with the feeling that "California Caravan" ought to be discontinued as an expensive and unnecessary luxury, for two reasons. In the first place, we think the show is lousy. If I remember correctly, a considerable number of delegates a year ago expressed that same opinion in no uncertain terms.

In the second place, because it has served its purpose, the main fight against socialized medicine is now on a nationwide basis rather than here in California, although I think your Public Policy and Legislative Committee chairman will tell you it is by no means abated yet in California.

Now, we would like to change our minds after consultation with a number of people including Mr. Clem Whitaker, whose attitude was that "California Caravan" should be kept or rejected exactly as you saw fit, that it doesn't mean a major item in his national campaign at the present time.

He did want to point out certain aspects of it. In the first place, whether we like it or not ourselves, whether we think the show is corny, it does have a wide listening appeal. We are not trying to reach other members of the House of Delegates. We are trying to reach stenographers and housewives who vote just as heavily as we do, and the Hooper rating pretty consistently shows that this radio broadcast has an audience of around half a million people in California, many of them steady customers.

I asked Mr. Whitaker if it was not so that in general radio programs tend to run out, so to speak, go to seed, lose their appeal, and he said, "Certainly, that is true, but it isn't true yet of 'California Caravan,' and the Hooper rating figures comparing last year with this year show that."

If I remember the figures he had, during January, February and March the Hooper rating in all three

months of 1948 was in the neighborhood of 4.0. The rating in January of 1949 was 4.6; in February, 4.0; in March, 4.9.

So, on the whole this year it has a 15 to 20 per cent wider appeal and greater effectiveness than it had a year ago. It is not necessary to use it for any one continuing purpose. If we feel that it has contributed the major part to the job of the explanation of California Physicians' Service at the time that explanation was needed and that we do not need it for continued expansion of C.P.S., it can be devoted to anything else we want to devote it to.

We can devote it to our defense against the next attack made on us in California. We can expect those with recurrent regularity. We can use it in the meantime to sell organized medicine, both California organized medicine and national, to publicize the services of organized medicine to the people of this country and so build up good will for organized medicine.

Finally, if we discontinue "California Caravan" at the present time, we give up a property which we cannot get back. We own the title to this show as long as we want to continue to use it, but once we have given it up, it is our understanding that it can be sold to any commercial sponsor that wants to accept it, and the presumption is that it wouldn't find much difficulty in finding a sponsor, and then we would not be able to get it back. We would also have lost the regular spot on the air.

We asked about the possibility of cutting down the expenses by reducing the time and were surprised to find cutting the time in half from 30 minutes to 15 minutes would reduce the cost of the radio time only about 20 or 25 per cent and would actually increase the cost of trying to prepare the program, because of the difficulties of condensing it to a 15-minute program.

So, your committee feels, as obviously this House of Delegates does, that this should be continued. The expenses of "California Caravan" are estimated on the basis of this year's expenses at approximately \$88,000 for radio time and preparation of the show, and an additional \$20,000 for newspaper advertising of the radio program.

Those figures are included in the total item in the proposed budget of \$149,000 for the Department of Public Relations.

Now, your committee in considering this felt it was doubtful if the newspaper advertising contributed enough to the value of this show to justify a continuance of at least as much as \$20,000 expenditure. We don't know. Perhaps there is no way of knowing until you experiment. We therefore recommend that the newspaper advertising be discontinued, at least on an experimental basis for 30 to 90 days, and see what happens to the Hooper rating. If it doesn't deteriorate the Hooper rating too much, conserve that \$20,000, which is in itself sufficiently large to be a contingent item.

The budget as presented, therefore, comes up finally with a deficit in the lower right-hand corner

of the page of \$450, which, if our estimates are anywhere near correct, is substantially even.

This contemplates dues of \$45 less \$3 allocated to CALIFORNIA MEDICINE, and it is your committee's recommendation that the dues for the ensuing year be set at this figure.

Mr. Speaker, I move the adoption of this section of the committee's report.

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: It has been moved and seconded we adopt this section of the committee's report. Is there any discussion? If not, all those who are in favor of the adoption of this section of the report will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted.

DR. KILGORE: Mr. Speaker, I move the adoption of the report as a whole.

A MEMBER: I second the motion.

VICE-SPEAKER CHARNOCK: It has been moved and seconded that we adopt this report as a whole. Those that are in favor of this adoption will signify by saying "aye."

... The motion was put to a vote and was carried. ...

VICE-SPEAKER CHARNOCK: It is adopted as a whole. And the Chair thanks Dr. Alson Kilgore, Dr. Stanley R. Truman and Dr. G. Wendell Olson for their work in this behalf. (Applause.)

Announcements by the Secretary.

SECRETARY GARLAND: The Treasurer would like to state that when Dr. Smith of San Diego informed the San Diego delegates that dues for the next year would be \$40, he did so in good faith. The Council thought that would be the approximate figure. We now see it is \$45, and we apologize for the error.

VICE-SPEAKER CHARNOCK: Before we turn this meeting over to Dr. Alesen, we should thank Reference Committee No. 4, J. Norman O'Neill, A. A. Morrison, and Dr. Dave F. Dozier. They had nothing to do but they stood by.

SPEAKER ALESEN: Mr. Secretary, is there any old unfinished business?

SECRETARY GARLAND: Mr. Speaker, there is no old unfinished business on this docket.

SPEAKER ALESEN: Dr. Bruck.

DR. BRUCK: Was there not a report that was to be given to the House of Delegates by Dr. Cass on unfinished business?

SPEAKER ALESEN: Report by Dr. Cass.

DR. CASS: Mr. Speaker, members of the House, this report is in the nature of a follow-up report on the Industrial Accident Schedule. It is not a formal report because there is nothing formal to report. We had two meetings in the south with representatives of insurance companies elected by the insurance companies, and the meeting in the north with a statewide committee to try to assure the insurance

representatives that we were not slamming the door in their face, not refusing them a chance to consider our new industrial accident schedule, not trying to stuff it down their throats.

As you know, before that insurance companies had refused to meet with us formally and we were left on the end of the springboard. We had to produce a fee schedule because we were notified by the Industrial Accident Commission that the old schedule would become ineffective as of June 30. The Commission recommended that we get together with insurance companies and figure out a fee schedule of our own which the Commission would consider according to the Workmen's Compensation Act and adjudge the claims in dispute.

When we tried to meet with the companies, they refused to meet formally and said they didn't object to doctors getting an increase in fees, but they objected to doing it formally because it would look like they were crossing up their insured, and they didn't want to be a party to raising the rates of insurance. So we went ahead and got our own fee schedule. You all got copies of it. As the companies still refused to meet with us, the Council sent you letters to ask you to put your new fee schedule into effect as of the first of February.

But we would not be able to enforce the new fee schedule or have hearings on it until after the 30th of June because the Commission had given us a little double talk, saying first of all they didn't have the authority to produce a fee schedule or recommend one, but they would continue the one they had already put into effect until next June 30. So we know if we would try to dispute our new fee schedule between now and June 30, the Commission would be in the position of having to refute its own fee schedule, the one that they say is the one for the next six weeks.

So, we were in a kind of impasse, and many of the members were disappointed to think that the Council hadn't backed them up, but as a matter of fact the insurance companies came to life all of a sudden when they found we actually had a fee schedule and were impatient to get together with us and thought we had done things without consulting them officially.

So, we contacted the insurance companies, got their committees organized, met twice in Los Angeles only to have the insurance companies tell us that the Los Angeles Commission wasn't official, that the official commission was statewide and to meet in San Francisco.

We went there and had a very good meeting. By the way, the committee that met with the insurance carriers was a second or separate committee of the Council of C.M.A., and our committee was Dr. Ball and Dr. Johnson, and two doctors of the Industrial Accident Commission, who assured us they think our fee schedule is exactly right, and they are going to back it up after June 30.

But, at the present time the only result of our meeting was a statement from the insurance companies that they wish to prepare a criticism or a new

fee schedule to submit to us, that they had some ideas about submitting certain fees in one single total fee for procedures such as amputation of a finger or hernia, and they felt a flat fee would be better than a fee paid for visits.

We assured them we were not interested in reducing our schedule at all. Whatever fee they presented as a flat fee would be the same we would get if the same service were done under our schedule.

They promised to have a report for us immediately. Nothing happened.

Last Monday, John Hunton, in order to get a report for this House of Delegates, contacted them and asked them what they were going to do and they said they would have a report within a week. Then he asked them would they please write to the committee and tell them that.

I got a letter just a few days ago which was from the chairman of their committee, and they stated they were working on a fee schedule which they wished to present to us as soon as they could get it together.

Well, now, I don't believe they are going to present a fee schedule to us at all. I think they are just stalling, but that is only my opinion.

But the Council in this meeting this morning felt that it would be an expediency that we couldn't overlook in order to make this thing come to a head by the 30th of June that we would contact this committee again, that I would answer the letter and tell them that we will give them until the first of June, and if we don't have anything forthcoming by then we assume they are not going to do anything about it, and we insist our fee schedule be effective on July 1.

So, all of the members of the California Medical Association will get a letter from the Council some time after June 1, which I believe will say that after the first of July the services of our legal counsel are at your beck and call to enforce our fee schedule, and I am sure that when the first of July comes along we will not have very much opposition from the insurance companies, because already many of our members are getting paid right now under the new fee schedule.

It might be interesting to you all to know that a very short time ago—not more than six weeks ago—Mr. Gallagher, the manager of the State Compensation Insurance Fund, made his annual report to Mr. Scharenberg, head of that group of the committee of the state, and in this report he very proudly showed that the state fund increased its backlog of finance by two and a half million dollars, and had been able to make a return premium or dividend to their subscribers or members of 30 per cent of the premium.

If they have that kind of money it seems to me the only way an insurance company could make dividends available would be by accident prevention and not by sweating the dough out of the doctors.

So, I think we are pretty safe in saying there will be no valid arguments to keep our fee schedule off the books after the first of July. (Applause.)

SPEAKER ALESEN: Dr. Cass, is there any action you suggest on this report, or is this just informative?

DR. CASS: I believe the letter from the Council will be forthcoming after the first of June. It doesn't require any action.

SPEAKER ALESEN: Thank you.

Mr. Secretary, is there any further old unfinished business?

SECRETARY GARLAND: Dr. Bruck, is there any additional business? (Laughter.)

SPEAKER ALESEN: The Chair at this time under the subject of new business requests the consent of the House to invite Dr. John Cline to present a resolution for the good of the order. Dr. John Cline needs no introduction to this House.

DR. CLINE: Thank you, Mr. Speaker.

In the interest of keeping the record straight I shall ask that someone else introduce this resolution because I am no longer a member of the House. (Laughter.)

The resolution is as follows:

Resolved: That the House of Delegates of the California Medical Association express to the President of the United States, the Federal Security Administration, the Senators and Members of Congress from California that the California Medical Association is opposed to the socialized medical program proposed by the President for the following reasons:

1. It would result in damage to the medical care, health and welfare of the people of this country.

2. It would regiment the people and the medical profession of this country.

3. It would impose an additional heavy burden of taxation upon all the people.

4. The problems of distribution of medical care are in the process of orderly solution. The ultimate complete solution of these problems can be accomplished without resort to socialistic measures. (Applause.)

SPEAKER ALESEN: Just to keep the technical record straight, will someone move the adoption of that?

DR. WARD: Could I have that honor?

SPEAKER ALESEN: Would you like to speak on the resolution while you move its adoption?

DR. WARD: Mr. Speaker and members of the House of Delegates, I take great pleasure in introducing the resolution just read to you by Dr. Cline, with gusto. I regret that Ed Bruck didn't have the chance to do it. It is because I spoke a little faster than he did.

I move the adoption of this resolution.

DR. BRUCK: I second the motion.

SPEAKER ALESEN: Is there a discussion?

If not, all those in favor signify by saying "aye."

... The motion was put to a vote and was carried. ...

SPEAKER ALESEN: Mr. Secretary, will you record it that the adoption was by unanimous vote.

SECRETARY GARLAND: It is recorded.

SPEAKER ALESEN: Is there any other new business to come before the House at this time?

SECRETARY GARLAND: No other business.

SPEAKER ALESEN: At this time, members of the House of Delegates, it is my good pleasure to present to you your new President, Dr. R. Stanley Kneeshaw. He is not unknown to you. (Standing applause.)

PRESIDENT KNEESHAW: Thank you Mr. Speaker. Members of the House of Delegates and guests, as I accept this honor to become your President, I stand awed by the magnitude of the problems that present themselves to us today. At no time in our history has our profession been so threatened by politicians, social workers and do-gooders.

We have witnessed the fall of medicine in England to a low ebb because of disunity of the medical profession and unpreparedness of that profession to defend itself against the politicians.

Are we to stand idly by here in the United States and let that same thing happen to us? We must be united in our efforts and if we can but rally our members to be loyal to stand by our leaders, to be willing to sacrifice and give unstintingly of their time to carry our message to the people, we have nothing to fear.

If you delegates to the C.M.A. assembled here can act in your own communities to radiate that energy, activate the other members of our local societies to get these messages over, we can succeed.

We must be willing to sacrifice our time and our money in order to protect the people of these United States from the catastrophe that would befall them should this socialized medicine be instituted in these United States.

Because we in California have had a good deal of experience in combatting this socialized medicine we might perhaps be called upon to assist in combatting this type of legislation on a national level. We, therefore, must be prepared.

So let us put aside any petty grievances that we may have, be united as never before, keep our own house clean, make no mistakes in our good patient relationship so we in California can be proud of our efforts.

I want you to know that I well realize the tremendous affection that you and I have for Dr. Vince Askey who has done so much for us in the past, and I don't ever expect to attain such a position in your affections. I know I feel like any sprinter who tries to catch up to Mel Patton in the 100-yard dash, but I want you to know I will try to do a very good job.

So, once again, ladies and gentlemen, I wish to thank you for having had enough confidence in me to elect me to this high office. I know there will be many problems that will be difficult to solve, and I want to ask your aid in solving them, and that God give me the strength and wisdom to properly carry

out the responsibility imposed upon me in accepting this honor. Thank you. (Applause.)

Now, my first official duty is to present to you a man that needs no introduction. I have been in this society long enough to have seen all the speakers of the House that you have had before you—Ed Pallette, Dr. Roblee, Dr. Lowell Goin, Vince Askey, and now again Louie Alesen.

These fellows, it seems, are all outstanding men and I would like to have the opportunity here and now to give my approbation to this little rascal who heads you up here all the time. (Standing applause.)

Now, my next task is to the guy who got me into this mess. I surely wouldn't be here tonight if it wasn't for this fellow. May I have somebody escort this gentleman up here—Donald Cass. Will you two gentlemen kindly escort that gentleman over there. (Standing applause.)

DR. CASS: Well, I want to thank you. I didn't prepare a speech because it is a big surprise to be elected. (Laughter.)

But I feel just like Stanley does, following a bunch of Babe Ruths and Ty Cobbs and Goins and Askeys, and McClendons, and high class Presidents. I doubt if I can keep up their speed, but I will try as hard as I can. (Applause.)

PRESIDENT KNEESHAW: I next have the pleasure of presenting your Vice-Speaker. I have always been on this Council as Don has, and he has done a fine job. Don. (Standing applause.)

VICE-SPEAKER CHARNOCK: At this hour, silence is golden. (Applause.)

PRESIDENT KNEESHAW: Now I would like to call upon one of our ex-presidents here. Where is John Cline now?

John, would you kindly come up here? You have a job to perform.

DR. CLINE: The job which is mine is indeed a pleasant one. It is pleasant for more reasons than one. As Stanley so well told you, the affection, the regard in which Vince Askey has been held by all those who worked with him—I must say that doubly do I have those sentiments toward him, because of my strong personal friendship for him as well as my admiration and respect for the things he has done in medicine. And because a year ago at this time I felt the relief of the burden falling from my shoulders and for the first time since I have been an active member of this House was it possible for me to have two meals with my wife in one day, I know that Vince is going to feel the same way; that he has done his job and that he now has earned a measure of relief.

But beyond that it is a great pleasure for me to be able to extend to him a token of appreciation of this Association for all that he has done for it. Vince, this plaque which the Association now presents to you, I hand you with every best wish. (Standing applause.)

EX-PRESIDENT ASKEY: Ladies and gentlemen, I think that all men come to the end of a pleasurable

journey with some degree of regret. But the knowledge that the memory can be recreated—all the thrills of that journey—assuages to some extent the regret that you feel.

My journey as your President has been pleasant indeed. But this has been true only because you were my companions and because I had a loyal understanding wife at my side. May I wish for the continued success and progress of our Association, and I bespeak for you, Stanley, loyal support to Stanley Kneeshaw.

I thank you from my heart and I will long treasure this token which you presented to me. Thank you. (Applause.)

SPEAKER ALESEN: Mr. Secretary, is there any further business to come before the House before adjournment?

SECRETARY GARLAND: Mr. Speaker, there is the matter of the approval of the minutes.

SPEAKER ALESEN: As customary, a committee is appointed for that purpose. Will the House concur? Hearing no objection, the House is assumed to concur. Is there any further business?

Does any member have anything for the good of the order? If not, the motion to adjourn is in order.

A MEMBER: I so move.

ANOTHER MEMBER: I second it.

... The motion was put to a vote and was carried.

The meeting of the House of Delegates of the California Medical Association adjourned at 11:45 p.m.

Council Meeting Minutes

359th Meeting

Tentative Draft: Minutes of the 359th Meeting of the Council, Los Angeles, Saturday, May 7, 1949.

The meeting was called to order by Vice-Chairman Sidney J. Shipman in Conference Room No. 5 of the Biltmore Hotel, Los Angeles, at 10:00 a.m., Saturday, May 7, 1949.

Roll Call:

Present were President Askey, President-Elect Kneeshaw, Speaker Alesen, Vice-Speaker Charnock, Councilors Ball, Crane, Henderson, Anderson, Ray, Lum, Green, Cherry, MacLean, Hoffman, Shipman, Bailey and Thompson; Secretary Garland and Editor Wilbur.

Absent: Edwin L. Bruck and Wayne E. Pollock (illness).

Present by invitation were Legal Counsel Harsard, Executive Secretary Hunton, County Society Executive Secretaries Donovan of Santa Clara and Waterson of Alameda, Messrs. Clem Whitaker, Sr., Clem Whitaker, Jr., and Ned Burman of Public Relations Counsel.

1. Minutes:

(a) Minutes of the 358th meeting of the Council, held March 5-6, 1949, were approved.

(b) Minutes of the 214th meeting of the Executive Committee, held March 6, 1949, were approved.

2. Membership:

(a) A report of membership as of April 30, 1949, showing 9,319 active and 381 delinquent members, was received and ordered filed.

(b) On motion duly made and seconded, one member delinquent for 1947 and 1948 was voted reinstatement as an active member.

(c) On motion duly made and seconded, 1,264 members whose 1949 dues had been received since April 1, 1949, were voted reinstatement as active members.

(d) On motion duly made and seconded in each instance, 15 applicants were voted election to Associate Membership. These were:

James W. Ellis, Alameda County.
Edward Kupka, Alameda County.
Evelyn F. Buchheim, Fresno County.
Richard Argens, Napa County.
R. G. Berendsen, Napa County.
Karl A. Reed, Napa County.
Reginald S. Rood, Napa County.
Max Berger, San Francisco County.
J. L. E. Brindamour, San Francisco County.
Emanuel S. Cohen, San Francisco County.
Manuel Weber, San Francisco County.
Joseph Thomas Nardo, Santa Barbara County.
Jean Swain, Santa Clara County.
Rutherford O. Ingham, Santa Cruz County.
Stanley J. Smiley, Yuba-Sutter-Colusa County.

(e) On motion duly made and seconded in each instance, B. M. Marshall of Humboldt County and Frank J. Leavitt of Los Angeles County were voted election to Life Membership.

(f) On motion duly made and seconded in each instance, six applicants were voted election to Retired Membership. These were:

C. C. Campbell, Los Angeles County.
H. C. Smith, Los Angeles County.
H. O. Howitt, Marin County.
Raymond L. Johnson, Riverside County.
Herbert S. Thomson, San Francisco County.
LaVerne Wright, San Francisco County.

(g) On motion duly made and seconded in each instance, six applicants were voted to Affiliate Membership. These were:

William Creger, San Francisco County.
Wallace G. Elliott, San Francisco County.
Mary Gulbransen, San Francisco County.
M. Glenn Molyneaux, San Francisco County.
Edward Weinshel, San Francisco County.
C. Dwight Yates, San Francisco County.

(h) On motion duly made and seconded in each instance, 27 applicants were granted a reduction of dues because of postgraduate study or protracted illness.

(i) Correspondence with Dr. Richard F. Mogan of Los Angeles County was read, in which he stated that he was still in the practice of medicine and was not desirous of remaining as a Retired Member, as voted by the Council at the last previous meeting.

It was pointed out that the Los Angeles County Medical Association has rescinded its action in voting him into Retired Membership, and on motion duly made and seconded, the Council voted to rescind its earlier action in electing Dr. Mogan to Retired Membership.

(j) It was pointed out that there are considerably more licensed physicians in California than are represented by the Association's membership roster and it was regularly moved, seconded and voted that the Committee on Organization and Membership be requested to investigate any reasons why more of these licentiates are not members.

(k) On motion duly made and seconded Dr. Franklin Brundage of Santa Barbara County was granted a reduction of dues for military service.

3. Financial:

(a) A report of bank balances as of April 30, 1949, was received and ordered filed.

(b) A balance sheet as of April 30, 1949, was received and ordered filed.

(c) A statement of income and expenditures for April and for the ten months ended April 30, 1949, was received and ordered filed.

4. Medical Society of the State of California:

Discussion was held on the continuing confusion in the minds of many members between the Association and the Medical Society of the State of California. On motion duly made and seconded, it was voted that the Executive Committee be instructed to meet with the Board of Trustees of the latter organization and attempt to work out a clarification of the organization's name, eliminate any possible confusion and report back to the Council at a later meeting.

5. Meeting Place for 1950:

Discussion was held on possible meeting places for 1950 and it was reported that invitations had been extended by Los Angeles, San Francisco, Palm Springs, San Diego, Santa Cruz and Santa Barbara. On motion duly made and seconded, it was voted to hold the 1950 Annual Session at Los Angeles. [NOTE: At the Council meeting of May 11, 1949, reconsideration was given and San Diego chosen as the 1950 meeting place.]

6. Cancer Commission:

(a) A letter of complaint, alleging exclusion of certain physicians from a cancer seminar sponsored, among others, by the Cancer Commission, was read and discussed. It was pointed out that specific invitations to this seminar had not been issued and that no physicians were excluded.

(b) It was regularly moved, seconded and voted unanimously that the Council request Dr. Lyell C. Kinney to continue as a member and chairman of the Cancer Commission.

7. National Emergency Medical Service:

A letter from Louis Johnson, Secretary of Defense, was read, in which he asked the Association

to cooperate in securing voluntary recruitment of additional medical officers for the armed forces. The Secretary was instructed to make the need for medical officers known to the county medical societies and to solicit their aid in meeting the recruitment objective, subject to any instructions on this point which might be issued by the House of Delegates.

8. Legal Department:

(a) Mr. Hassard reported on a malpractice case which has recently been decided by the State Supreme Court, which has referred the case back to the trial court for further hearing. The case involves the principle of a general practitioner being required to possess the degree of skill ordinarily expected only in a medical specialist.

(b) Mr. Hassard reported on another malpractice case, where unsterile instruments were allegedly used and where Appellate Court had found to that effect, despite expert testimony and a jury verdict to the contrary. It was regularly moved, seconded and voted that the Association request the legal counsel to ask the Supreme Court for permission to appear as *amicus curiae*.

9. Order of Business of House of Delegates:

Speaker Alesen of the House of Delegates requested authority from the Council to change the order of business of the first meeting of the House in order to permit the delivery of a report on public relations by Mr. Whitaker. It was regularly moved, seconded and voted to approve this change.

10. Public Relations:

Mr. Whitaker spoke briefly on the progress of the A.M.A. public relations campaign and presented a proposed budget for the Association's 1949-1950 fiscal year. It was agreed to refer this budget to the Auditing Committee and the chairman of the Committee on Finance of the House of Delegates for consideration with the Association's complete 1949-1950 budget.

11. California Physicians' Service:

Drs. Chester L. Cooley and Donald Cass, Secretary and Trustee, respectively, of California Physicians' Service, appeared before the Council and reported: (1) that a new form has been developed to aid the physician in securing data for the determination of income ceilings; (2) that the Board of Trustees has approved a new fee schedule developed by a special fee schedule committee; (3) that C.P.S.'s financial condition is good, with more than \$1,000,000 in reserves; and (4) that C.P.S. now has nearly 7,000 individual contracts in force and is considering an advertising campaign to increase this number.

12. Employees' Retirement Program:

Dr. Charnock placed a suggested employees' retirement program before the Council. On motion duly made and seconded, it was voted that his committee continue its studies and report back to the Council at a later meeting.

13. Time and Place of Next Meeting:

It was regularly moved, seconded and voted to hold the next meeting of the Council at 7:30 a.m., Sunday, May 8, 1949, in Conference Room No. 6 of the Biltmore Hotel, Los Angeles, and to continue daily meetings at the same hour through Wednesday, May 11, 1949.

Adjournment.

360th Meeting

Tentative Draft: Minutes of the 360th Meeting of the Council, Los Angeles, Sunday, May 8, 1949.

The meeting was called to order by Vice-Chairman Shipman at 7:30 a.m., Sunday, May 8, 1949, in Conference Room No. 6 of the Biltmore Hotel, Los Angeles.

Roll Call:

Present were President Askey, President-Elect Kneeshaw, Speaker Alesen, Vice-Speaker Charnock, Councilors Shipman, Ray, Anderson, Bailey, Henderson, Green, Lum, MacLean, Ball, Crane, Cherry and Thompson; Secretary Garland and Editor Wilbur.

Absent: Edwin L. Bruck and Wayne E. Pollock (illness).

Present by invitation were Dr. D. H. Murray, chairman of the Committee on Public Policy and Legislation; Dr. Donald Cass, Trustee of California Physicians' Service; Executive Secretary Hunton, Legal Counsel Hassard, Dr. Wilton L. Halverson, State Director of Public Health; Mr. Frank Kihm, executive secretary of the San Francisco County Medical Society; and Messrs. Clem Whitaker, Sr., Clem Whitaker, Jr., Ned Burman and James Dorais of Public Relations counsel.

1. Budget for 1949-1950 Fiscal Year:

Discussion was held on a suggested budget for the 1949-1950 fiscal year, subject to review and approval of the House of Delegates. An item for public relations for the year, suggested by Mr. Whitaker, was approved and ordered included in the budget. Dues of \$40 for the calendar year 1950 were approved, and the entire budget was ordered submitted to the House of Delegates for review by the Committee on Finance and approval by the House.

2. State Department of Public Health:

Dr. Wilton L. Halverson, State Director of Public Health, discussed the problems confronting the hospital bureau of his department in the allocation or approval of state and federal funds for aid in hospital construction. He stated that the rule-of-thumb in the bureau was to deny the allocation of funds in areas where a county hospital contained one-third or more of the beds in the area. He also told of the difficulties involved in allocating funds as between

two or more eligible hospitals in the same area. He requested that a committee of two or three members, representing the Association, be appointed to advise with this department on these and similar matters.

3. C.M.A. Statement of Policies:

A proposed statement of policies of the Association in regard to health care and extension of medical service was discussed and, after amendment, was, on motion duly made and seconded, adopted. [This statement was printed on page 504 of the June issue of CALIFORNIA MEDICINE.]

4. Approval of Other Organizations:

Discussion was held on the bases for Council approval of various organizations operating in the field of health care and it was regularly moved, seconded and voted that this matter be referred back to a special Council committee for further study and report back to the Council.

Adjournment.

361st Meeting

Tentative Draft: Minutes of the 361st Meeting of the Council, Los Angeles, Monday, May 9, 1949.

The meeting was called to order by Vice-Chairman Shipman at 7:30 a.m., Monday, May 9, 1949, in Conference Room No. 6 of the Biltmore Hotel, Los Angeles.

Roll Call:

Present were President Askey, President-Elect Kneeshaw, Speaker Alesen, Vice-Speaker Charnock, Councilors Green, Bailey, Hoffman, Henderson, Anderson, MacLean, Lum, Ball, Ray, Thompson, Shipman and Crane; Secretary Garland.

Absent: Edwin L. Bruck and Wayne E. Pollock (illness).

Present by invitation were Legal Counsel Hassard, Executive Secretary Hunton, Assistant Executive Secretary Wheeler, Dr. D. H. Murray, chairman of the Committee on Public Policy and Legislation; county society executive secretaries Kenneth Young of San Diego and Rollen Waterson of Alameda, and Messrs. Clem Whitaker, Jr., and Ned Burman of Public Relations Counsel.

1. Merced County Hospital Situation:

Drs. James L. Dennis of Merced and George B. Pimentel of Los Banos appeared by invitation before the Council and discussed the hospital situation in the city and the county of Merced, where the county hospital is reportedly in line for approval of state and/or federal funds for construction of an addition and where private cases are reportedly being treated by county-employed physicians, while a private non-profit hospital in the area has been denied approval of government funds for additions.

Dr. Wilton L. Halverson, State Director of Public Health, appeared and discussed this situation, asking the assistance of the Association in working out this and similar problems facing the hospital bureau of his department.

On motion duly made and seconded, it was voted that the Field Secretary be instructed to proceed to Merced at the earliest practicable date to review the situation there and to make recommendations to the local physicians and to the Council.

Adjournment.

362nd Meeting

Tentative Draft: Minutes of 362nd Meeting of the Council, Los Angeles, Tuesday, May 10, 1949.

The meeting was called to order by Chairman Bruck at 7:30 a.m., Tuesday, May 10, 1949, in Conference Room No. 6 of the Biltmore Hotel, Los Angeles.

Roll Call:

Present were President Askey, President-Elect Kneeshaw, Speaker Alesen, Vice-Speaker Charnock, Councilors Ball, Crane, Henderson, Anderson, Ray, MacLean, Bruck, Cherry, Green, Hoffman, Bailey, Shipman, Lum and Thompson; Secretary Garland and Editor Wilbur.

Absent: Wayne E. Pollock (illness).
and Hiram D. Newton of the San Diego County

Present by invitation were Dr. D. H. Murray, chairman of the Committee on Public Policy and Legislation; Drs. Clarence Rees, William B. Black and Hiram D. Newton of the San Diego County Medical Society; Legal Counsel Hassard, Messrs. Clem Whitaker, Sr., Clem Whitaker, Jr., and Ned Burman of Public Relations Counsel, and Mr. Rollen Waterson, executive secretary of the Alameda County Medical Association.

1. Standing Committee Appointments:

Nominations for three-year appointments to standing committee membership were presented by the Council's committee and, after discussion were duly approved for announcement to the House of Delegates. These nominations were:

Committee on Associated Society and Technical Groups—J. Norman O'Neill, Los Angeles.

Committee on Health and Public Instruction—George M. Uhl, Los Angeles.

Committee on History and Obituaries—E. T. Remmen, Glendale.

Committee on Hospitals, Dispensaries and Clinics—John Sharp, Salinas.

Committee on Industrial Practice—Jerome W. Shilling, Los Angeles.

Committee on Medical Defense—H. Clifford Loos, Los Angeles (chairman).

Committee on Medical Economics—Arthur A. Kirchner, Los Angeles.

Committee on Medical Education and Medical Institutions—Francis Scott Smyth, San Francisco.

Committee on Membership and Organization—Verne G. Ghormley, Fresno.

Committee on Postgraduate Activities—Charles A. Broaddus, Stockton.

Committee on Publications—Keene O. Haldeman, San Francisco.

Committee on Public Policy and Legislation—Peter Blong, Alhambra.

Committee on Scientific Work—Clayton Mote, San Francisco.

2. *San Diego County Medical Society:*

Drs. Rees and Newton discussed with the Council the request of the San Diego County Medical Society for the assignment of public relations counsel to the San Diego area and other matters of mutual interest. Mr. Waterson discussed a study of the public relations situation in San Diego County which he had made at the request of the Council chairman; this study was received with the thanks of the Council and ordered made a part of the county society file.

3. *Meeting Place for 1950 Annual Session:*

Dr. Rees extended the invitation of San Diego for the 1950 Annual Session meeting place. It was regularly moved, seconded and voted that the decision of May 7 to hold the 1950 Annual Session in Los Angeles be reconsidered. It was agreed to reconsider this matter at a recessed meeting of the Council the afternoon of May 10.

4. *Public Policy and Legislation:*

Discussion was held on two physical therapy bills now before the Legislature and it was regularly moved, seconded and voted that the measures proposed by Senator Breed and Mr. Levering be approved in principle, with discretion granted the Committee on Public Policy and Legislation to approve such amendments as may be desirable.

5. *Recess:* At this point the Council voted to recess until 3 p.m.

6. *Reconvention Following Recess:*

On roll call at 3 p.m., all the officers and Councilors noted present at the morning session were present. Also present were Messrs. Hunton, Hassard, Waterson, and Kihm.

7. *Industrial Fee Schedule:*

Discussion was held on possible progress in negotiations between the Association and the insurance carriers relative to adoption of a new schedule of fees for industrial injury cases. Dr. Donald Cass, chairman of the Committee on Industrial Practice, reported on preliminary meetings with insurance representatives and it was agreed that June 1, 1949, should be fixed as the latest date at which a reply from the insurance carriers might be received if Association members were to receive proper notification of the Council's recommendations.

8. *California Physicians' Service:*

Dr. Donald Cass, as a Trustee of California Physicians' Service, reviewed discussions of the past year relative to formation of a national insurance company or membership enrollment organization for members of Associated Medical Care Plans, of which C.P.S. is a member. He expressed his own approval of the formation of such an organization and asked that the Council express its approval for the guidance of C.P.S. Trustees in their consideration of this matter. This request was discussed and it was agreed to defer action at this time.

9. *Blood Banks:*

The question of the Association's offering financial support to community type blood banks was discussed and it was regularly moved, seconded and voted to invite Dr. John Upton, chairman of the Blood Bank Commission, to the next Council meeting.

Adjournment.

363rd Meeting

Tentative Draft: Minutes of the 363rd Meeting of the Council, Los Angeles, Wednesday, May 11, 1949.

The meeting was called to order by Vice-Chairman Shipman at 7:30 a.m., Wednesday, May 11, 1949, in Conference Room No. 6 of the Biltmore Hotel, Los Angeles.

Roll Call:

Present were President Kneeshaw, President-Elect Donald Cass, Councilors Shipman, Ray, M. Laurence Montgomery, MacLean, Lum, Anderson, Cherry, Green, Crane, Henderson, Bailey, Ball, Thompson, Speaker Alesen, Vice-Speaker Charnock, Secretary Garland and Editor Wilbur.

Absent: Mayne E. Pollock and Benjamin Frees (illness).

Present by invitation were Executive Secretary Hunton, Legal Counsel Hassard, Assistant Executive Secretary Wheeler, Rollen Waterson, executive secretary of the Alameda County Medical Association; Kenneth Young, executive secretary of the San Diego County Medical Society; Glenn Gillette, executive secretary of the Fresno County Medical Society; Ned Burman of Public Relations Counsel and Mr. Elwood Bailey, director of the San Diego Convention and Tourist Bureau.

1. *Organization of the Council:*

Vice-Chairman Shipman presided and called for nominations for chairman of the Council. On motion duly made and seconded, Sidney J. Shipman was unanimously elected chairman.

On motion duly made and seconded, H. Gordon MacLean was unanimously elected vice-chairman.

On nomination duly made and seconded, L. Henry Garland was unanimously appointed Secretary-Treasurer.

On nomination duly made and seconded, Dwight L. Wilbur was unanimously appointed Editor.

On nomination duly made and seconded, Peart, Baraty & Hassard were unanimously appointed legal counsel.

2. *Meeting Place for 1950:*

The Council was addressed by Mr. Elwood Bailey, director of the San Diego Convention and Tourist Bureau, who outlined the meeting facilities available in San Diego, answered questions and issued an invitation for the C.M.A. to hold its 1950 Annual Session in San Diego. On motion duly made and seconded, it was voted to hold the 1950 Annual Session in San Diego, starting on April 30, 1950, and continuing for the necessary time.

3. *Study of Alcoholism:*

Discussion was held on the possibilities of publishing the *Study on Alcoholism* prepared by Dr. Cullen Ward Irish and members of his special committee appointed following the 1948 Annual Session. It was pointed out that this study was both complete and valuable and that its findings should be made more generally available.

On motion duly made and seconded, it was voted to investigate the cost of publishing this study and refer the matter to the Executive Committee for consideration.

4. *Manual of Joint Function Measurement for Disability Ratings:*

Dr. Cass called attention to the *Manual of Joint Function Measurement* for disability prepared by Dr. Packard Thurber under authority of the Council and more recently adopted as standard by the Industrial Accident Commission of the State of California. It was regularly moved, seconded and voted that investigation be made of the cost of publishing this manual, either through the Association itself or through an outside publisher, and the matter referred to the Executive Committee.

5. *Blood Bank Commission:*

The Secretary discussed the possibility of loans being made to county medical societies for the establishment of community type blood banks and cited Los Angeles County as one area where such a loan might be productive of advanced procedures and improved public relations. It was regularly moved, seconded and voted that the chairman of the Blood Bank Commission confer without delay with the officers of the Los Angeles County Medical Association and report back to the Council.

It was regularly moved, seconded and voted that authority be granted the Blood Bank Commission to appoint an assistant to the chairman, within financial limits to be determined by the Executive Committee.

6. *Sirens on Ambulances:*

Dr. Wilbur Bailey discussed a proposal to require removal of sirens from privately-operated ambulances and it was regularly moved, seconded and voted to refer this proposal to the Committee on Public Relations.

7. *Special Articles in CALIFORNIA MEDICINE:*

Dr. Wilbur reported that requests had been made for the publication in CALIFORNIA MEDICINE of special articles honoring members who had made outstanding contributions to the profession. There was general discussion and the matter was taken under advisement.

8. *Gorgas Nomination for Hall of Fame:*

A request for approval by the Council of the nomination of Dr. William Crawford Gorgas for inclusion in the Hall of Fame of New York University was presented and it was regularly moved, seconded and voted that the Council approve this nomination.

9. *San Diego County Medical Society:*

The question of providing, for a temporary period, a public relations representative for the San Diego County Medical Society was discussed and it was regularly moved, seconded and voted that the District Councilor and the President-Elect arrange a personal visit with the officers of the San Diego County Medical Society to discuss this matter.

10. *Appointment of Auditing Committee:*

Chairman Shipman announced the appointment of Dr. H. Gordon MacLean as chairman of the Auditing Committee, Drs. Donald Lum and M. Laurence Montgomery as members. The Council approved these appointments.

11. *Public Relations:*

Mr. Burman expressed the need for more resolutions in opposition to a system of national compulsory health insurance by the component county medical societies and it was regularly moved, seconded and voted that the Secretary renew the request to the county societies to take this action, copies of all resolutions to be sent to President Truman, members of Congress, Governor Warren, members of the Legislature and to Whitaker & Baxter, Chicago.

12. *Time and Place of Next Meeting:*

The time and place of the next meeting were left at the call of the chairman.

Adjournment.

SIDNEY J. SHIPMAN, M.D., *Chairman*
L. HENRY GARLAND, M.D., *Secretary*

CORRECTION

The In Memoriam column on page 515 of the June issue of CALIFORNIA MEDICINE contained notice that Dr. Clarence Augustus DePuy had died May 3, 1949. This was in error. It was Dr. E. Spence DePuy, brother of the surviving Dr. DePuy, who died.